2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 23, 2008 8:00 am Secretary of State

ANNUAL REPURT					Secretary of State				
DOCUMENT # P05000015517 1. Enlity Name ABSOLUTE SEAMLESS GUTTERS, INC.							08 90017 0		
Principal Place 18729 NETHE ORLANDO, FL	RLAND ST	Mailing Address 18729 NETHERLAND ST ORLANDO, FL 32833		inunuu An r	11111 8FM 88M 11M 1	ITAL ASIBI AFRI ENVI	TERN ETT 110	1111 A 1231	
Principal Place of Business - No P.O. Box # 3. Mailing Address									
Suite, Apt, #, etc.		Suite, Apt. #, etc.		03242008	Chg-P	CR2E034	(12/06)		
City & State		City & State			4. FEI Number 11-3757492			No	plied For t Applicable
ZIp	Country Zip Cou		Count	iry	5. Certificate of Status Desired \$8.75 Additional				
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent					
				Name					
ISLEY, BONNIE 2801 VINE ST ORLANDO, FL 32806			Street Address (P.O. Box Number is Not Acceptable)						
			City	FL Zip Code					
SIGNATURE Signature, hypod or printed name of registered agent and little if explication. (NOTE. Registered Agent signature required when refreshing) FILE NOW!!! FEE 18 \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. Added to Fees									
10.	OFFICERS AND	DIRECTORS .	11,		ADDITIONS	CHANGES TO O	FFICERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO ISLEY, RANDY J JR 18729 NETHERLAND ST ORLANDO, FL 32833	☐ Delete					(Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					[Change	Addition
TITLENAMESTREET ADDRESSGITY-ST-ZIP		□ Oekde		1	· · ·) Change	☐ Addition
-TITLE NAME - STREET ADDRESS CITY-ST-ZIP		☐ Delcte		4				Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZP		☐ Delete					[Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. 1 béréév	certify that the information supplied wi	Delete	CITY	EE ADORESS (-ST-ZIP	ned in Chapter 11	9, Florida Stabite		Change	Addition

12. I héréby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or inustee empowered to expecte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empowered.

SIGNATURE

ATHER WITH THE DESTRUCTION MANE OF SCHOOL OFFICER OR DESCRIPTOR

Isle Jr 4-13-08 947-335