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Jul 06, 2006 8:00 am
Secretary of State

05-16-2006 90020 013 ***150.00

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1st MOORE CR2E034 (10/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P05000028915

1. Entity Name

FLORIDA ALUMINUM & SHUTTERS, INC.

Principal Place of Business	Mailing Address
258 NEPTUNE AVE LAUDERDALE-BY-THE-SEA FL 33308	258 NEPTUNE AVE LAUDERDALE-BY-THE-SEA FL 33308

2. Principal Place of Business	3. Mailing Address
242 Neptune Ave	242 NEPTUNE Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAUDERDALE-BY-THE-SEA	City & State: LAUDERDALE-BY-THE-SEA
Zip: 33308 Country: BROWARD	Zip: 33308 Country: BROWARD

4. FEI Number 20-4325245 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHUYLER, ROBERT C
258 NEPTUNE AVE
LAUDERDALE-BY-THE-SEA FL 33308

7. Name and Address of New Registered Agent

Name: NONE

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________________ DATE

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SCHUYLER, ROBERT C 258 NEPTUNE AVE LAUDERDALE-BY-THE-SEA FL 33308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustee empowered to execute 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 an address, with all other like empowered.

SIGNATURE: Robert Schuyler ROBERT SCHUYLER 5-12-06 954-205-9988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #