

2006 FOR PROFIT CORPORATION ANNUAL REPORT


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Mar 29, 2006 8:00 am
Secretary of State

03-15-2006 90095 045 ***150.00

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03132006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000030157					
1. Entity Name SCREENS FAST, INC.					
Principal Place of Business P.O. BOX 150936 CAPE CORAL, FL 33915-0936			Mailing Address P.O. BOX 150936 CAPE CORAL, FL 33915-0936		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 90-2336857	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEYER, KURT W. 1435 TERRA PALMA DRIVE FORT MYERS, FL 33901-8845			Name		
			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 _____ <small>Signature: typed or printed name of registered agent and date of application. NOTE: Registered Agent address required when changing.</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	DPT MEYER, KURT W.		TITLE		
NAME			NAME		
STREET ADDRESS	1435 TERRA PALMA DRIVE		STREET ADDRESS		
CITY - ST - ZIP	FORT MYERS, FL 339018845		CITY - ST - ZIP		
TITLE	S PICKARD, CLAIRE G		TITLE		
NAME			NAME		
STREET ADDRESS	2 SE 15TH AVENUE		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 339901735		CITY - ST - ZIP		
TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE			TITLE		
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TITLE			TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing 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 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: <u>Kurt W. Meyer</u> KURT W. MEYER, PRES. <u>3/13/06</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					