2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000037964

Entity Name: STAR SHUTTER PROTECTION INC

FILED Apr 24, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

495 SE 8 STREET 4782 N POWERLINE RD

145 SUITE 1

DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33073

Current Mailing Address: New Mailing Address:

495 SE 8 STREET 4782 N POWERLINE RD

45 SUITE 1

DEERFIELD BEACH, FL 33441 DEERFIELD BEACH, FL 33073

FEI Number: 20-2487466 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CHAVES, CAMILA A

495 SE 8 STREET

CHAVES, CAMILA A

4782 N POWERLINE RD

145 SUITE 1
DEERFIELD BEACH, FL 33441 US DEERFIELD BEACH, FL 33073 US

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.

SIGNATURE: 04/24/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: PD (X) Change () Addition

Name:CHAVES, THELMAName:CHAVES, THELMAAddress:495 SE 8 STREET, SUITE 145Address:4782 N POWERLINE RD SUITE 1City-St-Zip:DEERFIELD BEACH, FL 33441City-St-Zip:DEERFIELD BEACH, FL 33073

Title: VD () Delete Title: VD (X) Change () Addition

Name: CHAVES, CAMILA Name: CHAVES, CAMILA

Address: 495 SE 8 STREET, SUITE 145 Address: 4782 N POWERLINE RD, SUITE 1
City-St-Zip: DEERFIELD BEACH, FL 33441 City-St-Zip: DEERFIELD BEACH, FL 33073

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAMILA A. CHAVES VP 04/24/2007