2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Kickerd

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

Feb 17, 2006 8:00 am Secretary of State **DOCUMENT # P05000056434** 1. Entity Name 02-17-2006 90080 037 ***150.00 RICK'S SCREEN REPAIR, INC. Principal Place of Business Mailing Address P.O. BOX 243076 P.O. BOX 243076 BOYNTON BEACH FL 33424-3076 BOYNTON BEACH FL 33424-3076 2. Principal Place of Business 3. Mailing Address 517 Industrial Avenue P.O. Box 243076 Suite. Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number Applied For City & State 47-095296 Not Applicable Boynton Bch Boynton Bch. \$8.75 Additional 5. Certificate of Status Desired Fee Required U.S.A. 33426 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NELSON, RICHARD HENRY Street Address (P.O. Box Number is Not Acceptable) 517 INDUSTRIAL AVENUE **BOYNTON BEACH FL 33426** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. P/T/S Nelson , Richard Henry 7320 Woodland Creek Lane TITLE Change Addition TITLE D ☐ Delete NAME NELSON, RICHARD HENRY NAME STREET ADDRESS STREET ADDRESS P.O. BOX 243076 Lake Worth , FL. 33467-6540 CITY-ST-ZIP BOYNTON BEACH FL 33424-3076 CITY-ST-ZIP Nelson, Matthew David 320 Buttonwood Ln. Boynton Beach, FL. 33436 **Change** ■ Addition TITLE □ Delete NELSON, MATTHEW DAVID NAME STREET ADDRESS STREET ADDRESS P.O. BOX 243076 CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33424-3076 ☐ Change [] Deleje _ ____ Aridition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition THLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 fike empowered.

FILED