


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000079271</b> 1. Entity Name <b>ACCENT STORM GUARD INC.</b>	
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Principal Place of Business <b>1807 VALPARISO BLVD. NICEVILLE, FL 32578</b>	Mailing Address <b>1807 VALPARISO BLVD. NICEVILLE, FL 32578</b>
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04132007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2947062</b>	Applied For Not Applicable
5. Certificate of Status Desired <b>NO</b>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**JONES, ERIC  
485 GULF SHORE DR., STE. 206  
DESTIN, FL 32541**

**DO NOT WRITE  
IN THIS SPACE**

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  Eric C. Jones 4-13-2007  
Signature, typed or printed name of Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <b>NO</b> <b>\$5.00</b> May Be Added to Fees
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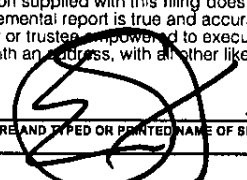
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS JONES, ERIC 1807 VALPARISO BLVD. NICEVILLE, FL 32578
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS JONES, ERIC 1807 VALPARISO BLVD. NICEVILLE, FL 32578
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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:  Eric C. Jones 4-13-2007 (334)524-4489  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #