


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90074 034 ***150.00

DOCUMENT # P05000080094	
1. Entity Name VERO WINDOW TINTING SPECIALIST, INC	

Principal Place of Business 1206 5TH PLACE VERO BEACH, FL 32962 US	Mailing Address P.O. BOX 2319 VERO BEACH, FL 32961-2319 US
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2. Principal Place of Business - No P.O. Box # 1206 5TH PL.	3. Mailing Address P.O. BOX 2319
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State VERO BEACH, FL	City & State VERO Bch FL
Zip 32962	Zip 32961
Country USA	Country USA

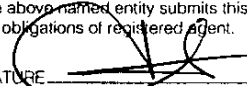


01072008 Chg-P CR2E034 (12/06)

4. FEI Number 59-3606394	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FULCHINI, ALFONSO 1206 5TH PLACE VERO BEACH, FL 32962	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FULCHINI, ALFONSO <i>M</i> 1206 5TH PLACE VERO BEACH, FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 is true and correct to the best of my knowledge and belief, and that I am a duly qualified officer or director of the corporation.

