2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 11, 2008 8:00 am Secretary of State **DOCUMENT # P05000098054** 1. Entity Name 02-11-2008 90064 042 ***150 00 ROLL TITE SHUTTERS INC. Principal Place of Business Mailing Address 2312 BRUNER LN 2312 BRUNER LN FORT MYERS, FL 33912 FORT MYERS, FL 33912 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Same 3531 Veronica s.s maxec Suite, Apt. #, etc. Suite, Apt. #, etc. 02072008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 20-4090141 Not Applicable Country \$8.75 Additional ,91 5. Certificate of Status Desired and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALLEN, RENEE K Street Address (P.O. Box Number is Not Acceptable) 2312 BRUNER LANE FORT MYERS, FL 33912 City 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. 2-8-D8 SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. P/VP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ALLEN, JOHNNY JR NAME NAME 2312 BRUNER LANE STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TM F ☐ Change ☐ Addition ALLEN, JOHNNY JR 2312 BRUNER LANE STREET ADDRESS STREET ADDRESS FORT MYERS, FL 33912 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition ALLEN, RENEE NAME NAME 3303 18TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LEHIGH ACRES, FL 33971 CITY-ST-ZIP TITLE Delete TELLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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 charged, or on an attachment with an address, with all other like empowered.

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