


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90027 002 \*\*\*150.00

<b>DOCUMENT # P05000102695</b>	
1. Entity Name <b>WHOLESALE SHUTTERS, INC.</b>	

Principal Place of Business <b>24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US</b>	Mailing Address <b>24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763 US</b>
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**40102249**



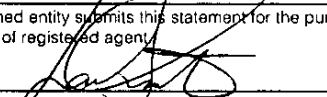
2. Principal Place of Business - No P.O. Box # <b>2430 Estancia Blvd.</b>	3. Mailing Address <b>2430 Estancia Blvd</b>
Suite, Apt. #, etc. <b>Suite 108</b>	Suite, Apt. #, etc. <b>Suite 108</b>
City & State <b>Clearwater, FL</b>	City & State <b>Clearwater, FL</b>
Zip <b>33761</b> Country <b>US</b>	Zip <b>33761</b> Country <b>US</b>

04242007 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-3195919</b>	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 <b>SCOURTAS, LOUIS C 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763</b>	
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7. Name and Address of New Registered Agent Name <b>Scourtas, Louis C.</b> Street Address (P.O. Box Number is Not Acceptable) <b>2430 Estancia Blvd.</b> <b>Suite 108</b> City <b>Clearwater</b> FL Zip Code <b>33761</b>	
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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 <b>4/25/07</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D MURRAY, JOHN G 24761 US HWY 19 N SUITE 630 CLEARWATER, FL 33763</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Murray, John G. 2430 Estancia Blvd, Suite 108 Clearwater, FL 33761</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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 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 any address, with all other like empowered.

<b>SIGNATURE:</b> 	SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
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