2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000106277

Entity Name: STORM PANELS UNLIMITED INC.

FILED Feb 13, 2006 Secretary of State

Current Principal Plac	e of Business:	New Princi	pal Place of Business

1282 S. W. BILTMORE AVE.
721 S. W. SOUTH MACEDO BLVD.
PORT ST. LUCIE, FL 34983

PORT ST. LUCIE, FL 34983

Current Mailing Address: New Mailing Address:

1282 S. W. BILTMORE AVE.

721S. W. SOUTH MACEDO BLVD.
PORT ST LUCIE, FL 34983

PORT ST LUCIE, FL 34983

FEI Number: 20-3227519 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

FUNCKE, ROLAND
1282 S. W. BILTMORE AVE.
1 PORT ST. LUCIE, FL 34983 US

PORT ST. LUCIE, FL 34983 US

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.

SIGNATURE: ROLAND FUNCKE 02/13/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

Name:FUNCKE, ROLANDName:FUNCKE, ROLANDAddress:1282 S. W. BILTMORE AVE STE. IAddress:721 S. W. SOUTH MACEDO BLVD.

Address: 1282 S. W. BILLIMORE AVE STE. I Address: 721 S. W. SOUTH MACEDO BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34983

Title: VP () Delete Title: TR (X) Change () Addition Name: FUNCKE, ELIZABETH Name: FUNCKE, ELIZABETH Address: 1282 S.W. BILTMORE AVE. Address: 721 S.W. SOUTH MACEDO BLVD.

City-St-Zip: PORT ST. LUCIE, FL 34983 City-St-Zip: PORT ST. LUCIE, FL 34983

Title: () Delete Title: VP () Change (X) Addition

Name: Name: CASTRO, ERICK

Address: Address: 721 S.W. SOUTH MACEDO BLVD. City-St-Zip: PORT SAINT LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROLAND FUNCKE P 02/13/2006