

# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000106277

**FILED**  
**Nov 27, 2006**  
**Secretary of State**

**Entity Name:** STORM PANELS UNLIMITED INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

1613 S.W. BILTMORE ST.  
PORT ST. LUCIE, FL 34984

**Current Mailing Address:**

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

**New Mailing Address:**

1613 S. W. BILTMORE ST.  
PORT ST LUCIE, FL 34984

**FEI Number:** 20-3227519

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

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

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: FUNCKE, ROLAND  
Address: 721 S. W. SOUTH MACEDO BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: TR ( ) Delete  
Name: FUNCKE, ELIZABETH  
Address: 721 S.W. SOUTH MACEDO BLVD.  
City-St-Zip: PORT ST. LUCIE, FL 34983

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: FUNCKE, CHRISTOPHER R  
Address: 1613 S. W. BILTMORE ST.  
City-St-Zip: PORT SAINT LUCIE, FL 34984

Title: D ( ) Change (X) Addition  
Name: FELL, LOUIS  
Address: 1613 S.W. BILTMORE ST.  
City-St-Zip: PORT ST. LUCIE, FL 34984

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

11/27/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date