## **2006 FOR PROFIT CORPORATION** ANNUAL REPORT

## **FILED** Jan 27, 2006 8:00 am Secretary of State 01-27-2006 90047 001 \*\*\*450.00

DOCUMENT # P05000109170  1. Entity Name ALOHA SHUTTERS, INC.					01-27-2006	90047 001 ***45	50.00	
Principal Place of Business Mailing Address 1100 OSCEOLA AVENUE NORTH 1100 OSCEOLA AVENUE CLEARWATER, FL 33755 CLEARWATER, FL 33755					66000397			
2. Principal Place of Business  1101 Tradewinds Blud. P. U. Buy 177  Suite, Apt. #, etc. Suite, Apt. #, etc.			778	01242006	01242006 Chg-P CR2E034 (11/05)			
City & Stat	e c, F (	City & State Clearunter, Zip	F.C.	4. FEI Numbe	307629	No	oplied For ot Applicable	
33773 V.S.		37757	U.S.	5. Certificate	of Status Desired	See Require		
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent								
AUGE, FRANK 1100 OSCEOLA AVENUE NORTH CLEARWATER, FL 33755				Street Address (P.O. Box Number is Not Acceptable)				
,			City		<u>-</u>	FL Zip Cod	, , , , , , , , , , , , , , , , , , ,	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE								
FILE NOW!!! FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.								
10.	OFFICERS AND D	IRECTORS	11.	ADDITIONS/	CHANGES TO OFFI	CERS AND DIRECTOR	S IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	DPST AUGE, FRANK 1100 OSCEOLA AVENUE NORTH CLEARWATER, FL 33755	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Lewitds Bli L 3377		☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u> </u>		☐ Change	Addition	
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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 an address, with all other like empowered.

SIGNATURE: Full D Quyy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR