2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000125565

Entity Name: APEX, SHUTTERS, INC.

FILED Aug 10, 2006 Secretary of State

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Current Principal Place of Business:			New Principal Pla	New Principal Place of Business:	
20871 JOH SUITE 112	HNSON STRE	ET			
	KE PINES, FL	33029			
Current Mailing Address:			New Mailing Addr	New Mailing Address:	
20871 JOHNSON STREET SUITE 112 PEMBROKE PINES, FL 33029			PO BOX 297211 PEMBROKE PINES	PO BOX 297211 PEMBROKE PINES, FL 33029	
FEI Number	: 02-0782617	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Addres	Name and Address of New Registered Agent:	
SUITE 112 PEMBRON The above	HNSON STRE 2 KE PINES, FL	33029 US	purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU					
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	03(2)(b), F.S., the corporation did no g Trust Fund Contribution ().	•	AGES TO OFFIGERS AND DIRECTORS.	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAIN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CRESS, MICH. 20871 JOHNS) Delete AEL DN STREET - SUITE 112 INES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GATTO, TINA 20871 JOHNS) Delete ON STREET - SUITE 112 INES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	THOMAS, ED 20871 JOHNS) Delete DN STREET - SUITE 112 INES, FL 33029	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: MICHAEL CRESS P 08/10/2006