2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000155289

Entity Name: 360° HURRICANE SHUTTERS, INC.

FILED Mar 28, 2007 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:				
8362 PINES SUITE 361	-		US			,par i lavo			
Current Mailing Address:				New Mailing Address:					
8362 PINES SUITE 361 PEMBROK	S BLVD E PINES, FL 3	33024	US						
FEI Number:	20-3858989	FEI Nun	nber Applied For()	FEI Num	nber Not Appli	cable ()	Certific	ate of Status Desired ()	
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:				
ESPINOZA, MYRNA V 8362 PINES BLVD SUITE 361 PEMBROKE PINES, FL 33024 US					ESPINOZA, ERIC M 8362 PINES BLVD SUITE 361 PEMBROKE PINES, FL 33024 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.									
SIGNATUR	E: ERICME		*				(03/28/2007	
		-	ure of Registered Ager	nt				Date	
Election Cam	paign Financing	j Trust Fur	nd Contribution ().						
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	PSTD () ESPINOZA, MYI 8362 PINES BL' PEMBROKE PIN	VD., SUITE			Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	VPD () ESPINOZA, ERI 8362 PINES BL' PEMBROKE PIN	VD., SUITE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	VPD () ESPINOZA, DAN 8362 PINES BL' PEMBROKE PIN	VD., SUITE			Title: Name: Address: City-St-Zip:		(X) Change ERIC M VP BLVD., SUIT FPINES, FL	TE 361	
Title: Name: Address: City-St-Zip:	VPD () MARTINI, PABL 8362 PINES BL PEMBROKE PIN	VD., SUITE			Title: Name: Address: City-St-Zip:		() Change	() Addition	
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:				
Title: Name: Address: City-St-Zip:	()	Delete			Title: Name: Address: City-St-Zip:		• •		

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: ERIC M ESPINOZA DIRE 03/28/2007