2006 FOR PROFIT CORPORATION ANNUAL REPORT

9/8/2006-90010-001-$500.00-$500.00 *
9/8/2006-90010-002-$50.00-$50.00

FILED
06 SEP 27 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P05000158761

1. Entity Name
STORM SHUTTERS AMERICA, INC.

Principal Place of Business	Mailing Address
5278 NW 87TH WAY CORAL SPRINGS, FL 33067	5278 NW 87TH WAY CORAL SPRINGS, FL 33067

07102008 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 650813147 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HUMPHREYS, RICHARD 5278 NW 87TH WAY CORAL SPRINGS, FL 33067	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HUMPHREYS, RICHARD 5278 NW 87TH WAY CORAL SPRINGS, FL 33067	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Richard Humphreys 9/1/06 (954) 295-6265
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING OFFICER OR DIRECTOR — Date — Daytime Phone #