

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2006 8:00 am
Secretary of State

08-30-2006 90001 023 ***158.75

DOCUMENT # P05000162726 1. Entity Name 3-2-1 SCREENS, INC.																																																																																																																	
Principal Place of Business 5953 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS, FL 33418			Mailing Address 5953 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS, FL 33418																																																																																																														
2. Principal Place of Business 1660 Cypress Dr.		3. Mailing Address 1660 Cypress Dr.																																																																																																															
Suite, Apt. #, etc. Bay # 7		Suite, Apt. #, etc. Bay # 7		08242006 Chg-P CR2E034 (11/05)																																																																																																													
City & State Jupiter FL		City & State Jupiter FL		4. FEI Number 20-3879751																																																																																																													
Zip 33469		Country USA		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required																																																																																																													
6. Name and Address of Current Registered Agent BROWN, SHARI 713 SE AUTUMN TERRACE PORT ST. LUCIE, FL 34983				7. Name and Address of New Registered Agent 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 <u>Shari Brown</u> 8/28/06 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 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees																																																																																																													
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																																																																																																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PD</td> <td style="width: 20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, WILLIAM</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5953 GOLDEN EAGLE CIRCLE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PALM BEACH GARDENS, FL 33418</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPD</td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>BROWN, WALTER</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>713 SE AUTUMN TERRACE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>PORT ST. LUCIE, FL 34983</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>						TITLE	PD	☐ Delete	NAME	BROWN, WILLIAM		STREET ADDRESS	5953 GOLDEN EAGLE CIRCLE		CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418		TITLE	VPD	☐ Delete	NAME	BROWN, WALTER		STREET ADDRESS	713 SE AUTUMN TERRACE		CITY - ST - ZIP	PORT ST. LUCIE, FL 34983		TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		☐ Change ☐ Addition	NAME			STREET ADDRESS			CITY - ST - ZIP		
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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 an officer like empowered.																																																																																																																	
SIGNATURE <u>William Brown</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				8/28/06 561-633-0767 Date Daytime Phone #																																																																																																													