2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000042590

MEYER, YVONNE

MIAMI, FL 33185

5431 SW 147TH PLACE

Name:

Address:

City-St-Zip:

Entity Name: ROYAL SHIELDS SHUTTERS, INC

FILED Apr 02, 2007 Secretary of State

Current P	rincipal Place of Business:	New Principal Place	New Principal Place of Business:	
5431 SW MIAMI, FL	147TH PLACE 33185			
Current Mailing Address:		New Mailing Address:		
5431 SW MIAMI, FL	147TH PLACE 33185			
FEI Number	: FEI Number Applied For (X)	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
92 SADBE QUINCY, I	FL 32351 US named entity submits this statement for the	ne purpose of changing its registere	ed office or registered agent, or both,	
in the State	e of Florida.			
SIGNATU				
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete OXLEY-MEYER, CHRISTOPHER 5431 SW 147TH PLACE MIAMI, FL 33185	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DS () Delete MEYER-SENIOR, STEPHANIE 5431 SW 147TH PLACE MIAMI, FL 33185	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MEYER-SENIOR, JONATHAN 5431 SW 147TH PLACE MIAMI, FL 33185	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () Delete MEYER, EDWING 5431 SW 147TH PLACE MIAMI, FL 33185	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	VP () Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: YVONNE MEYER VP 04/02/2007