## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000047838

Entity Name: EVERLAST SCREEN ENCLOSURES INC

FILED Feb 22, 2007 Secretary of State

This Name: EVEREAGE GOREEN ENGEGGORES INC.							
Current Principal Place of Business:				New Principal Place of Business:			
1599 SW DYER POINT RD. PALM CITY, FL 34990				2941 SE GRAN PARK WAY STUART, FL 34997			
Current Mailing Address:				New Mailing Address:			
1599 SW DYER POINT RD. PALM CITY, FL 34990				2941 SE GRAN PARK WAY STUART, FL 34997			
FEI Number:	20-4639890	FEI Number Applied For ( )	FEI Nun	nber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US				AMICI, LANCE A JR 2941 SE GRAN PARK WAY STUART, FL 34997 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.							
SIGNATURE: LOUIS AMICI JR				02/22/2007			
Electronic Signature of Registered Agent						Date	
Election Cam	paign Financing	Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP () [ AMICI, LOUIS JF 1599 SW DYER PALM CITY, FL	POINT RD.		Title: Name: Address: City-St-Zip:	DP (X) AMICI, LOUIS & 340 SE ROGER STUART, FL 34	S COURT	
Title: Name: Address: City-St-Zip:	DV ()[ MATZ, ZACKERY 1599 SW DYER PALM CITY, FL	POINT RD.		Title: Name: Address: City-St-Zip:	DV (X) MATZ, ZACKER 715 SW GARDE PALM CITY, FL	ENS BLVD	
Title: Name: Address: City-St-Zip:	DV () [ SHINNICK, BLAK 1599 SW DYER PALM CITY, FL	POINT RD.		Title: Name: Address: City-St-Zip:	()	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	DS ()[ AMICI, TOREY 1599 SW DYER PALM CITY, FL			Title: Name: Address: City-St-Zip:	DS (X) AMICI, TOREY 340 SE ROGER STUART, FL 34		
Title: Name: Address: City-St-Zip:	DT ()[ RINTEL, DAVID 1599 SW DYER PALM CITY, FL			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: LOUIS AMICI JR DP 02/22/2007