
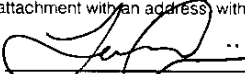


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90210 041 ***150.00

DOCUMENT # P06000047838 1. Entity Name EVERLAST SCREEN ENCLOSURES INC.																																																																																												
Principal Place of Business 2941 SE GRAN PARK WAY STUART, FL 34997		Mailing Address 2941 SE GRAN PARK WAY STUART, FL 34997																																																																																										
2. Principal Place of Business - No P.O. Box # 2941 SE GRAN PARK WAY	3. Mailing Address 2941 SE GRAN PARK WAY																																																																																											
Suite, Apt. #, etc. 	Suite, Apt. #, etc. 																																																																																											
City & State STUART FL	City & State STUART FL	4. FEI Number 20-4639890																																																																																										
Zip 34997	Country 	Applied For <input type="checkbox"/> Not Applicable																																																																																										
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required																																																																																											
6. Name and Address of Current Registered Agent AMICI, LANCE A JR 2941 SE GRAN PARK WAY STUART, FL 34997																																																																																												
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																												
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																												
<div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 </div> <div style="width: 40%;"> 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees </div> </div>																																																																																												
<div style="display: flex;"> <div style="width: 50%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">NAME</td> <td style="width: 20%;">Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>AMICI, LOUIS JR.</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>340 SE ROGERS COURT STUART, FL 34994</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DV MATZ, ZACKERY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>715 SW GARDENS BLVD PALM CITY, FL 34990</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DV SHINNICK, BLAKE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1599 SW DYER POINT RD. PALM CITY, FL 34990</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DS AMICI, TOREY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>340 SE ROGERS COURT STUART, FL 34990</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>DT RINTEL, DAVID</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>1599 SW DYER POINT RD. PALM CITY, FL 34990</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td>Delete <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 50%;"> 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%;">NAME</td> <td style="width: 20%;">Change <input type="checkbox"/> Addition <input type="checkbox"/></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>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></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>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></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>NAME</td> <td>Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>			TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	AMICI, LOUIS JR.		CITY-ST-ZIP	340 SE ROGERS COURT STUART, FL 34994		TITLE	NAME	Delete <input checked="" type="checkbox"/>	STREET ADDRESS	DV MATZ, ZACKERY		CITY-ST-ZIP	715 SW GARDENS BLVD PALM CITY, FL 34990		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DV SHINNICK, BLAKE		CITY-ST-ZIP	1599 SW DYER POINT RD. PALM CITY, FL 34990		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DS AMICI, TOREY		CITY-ST-ZIP	340 SE ROGERS COURT STUART, FL 34990		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS	DT RINTEL, DAVID		CITY-ST-ZIP	1599 SW DYER POINT RD. PALM CITY, FL 34990		TITLE	NAME	Delete <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP			TITLE	NAME	Change <input type="checkbox"/> Addition <input type="checkbox"/>	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 all other like empowered.																																																																																												
SIGNATURE:  LOUIS AMICI JR. <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																												
<div style="display: flex; justify-content: space-between;"> <div> APRIL 29, 2008 <small>Date</small> </div> <div> (772) 634-2677 <small>Daytime Phone #</small> </div> </div>																																																																																												

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