


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90004 025 ***150.00

DOCUMENT # P06000072628	
1. Entity Name HURRICANE SHUTTERS U DO, INC	

Principal Place of Business 4067 S. TAMIAMI TRAIL SARASOTA FL 34231	Mailing Address 4067 S. TAMIAMI TRAIL SARASOTA FL 34231
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2. Principal Place of Business - No P.O. Box # 4063 UNIT B S TAMIAMI TR	3. Mailing Address 4063 S TAMIAMI TR
Suite, Apt. #, etc. UNIT B	Suite, Apt. #, etc. UNIT B
City & State SARASOTA FL	City & State SARASOTA FL
Zip 34231	Country US

1st MOORE CR2E034 (10/07)

4. FEI Number 20-4939554	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 PAYNE, BERNARD 4067 S. TAMIAMI TRAIL SARASOTA FL 34231	
7. Name and Address of New Registered Agent Name PAYNE BERNARD Street Address (P.O. Box Number is Not Acceptable) 4063 S TAMIAMI TR UNIT B City SARASOTA FL Zip Code 34231	

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 _____
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 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PRES	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PAYNE, BERNARD		NAME	
STREET ADDRESS 4067 S. TAMIAMI TR		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WATMOUGH, MARK		NAME	
STREET ADDRESS 4067 S. TAMIAMI TRAIL		STREET ADDRESS	
CITY-ST-ZIP SARASOTA FL 34231		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Mark Watmough **MARK WATMOUGH** **2-8-08** **941-356-7788**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #