2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000080961

1. Entity Name



FILED Mar 26, 2007 8:00 am Secretary of State 03-07-2007 90007 028 ***150.00

GUARDIA	AN STORM PANELS, INC.								
Principal Placi 4953 BERKE GULF BREEZI	LEY FOREST BLVD.		Malling Address 4953 BERKELEY FOREST BLVD. GULF BREEZE, FL 32563 US		66006566				
2. Principal P	lace of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		02022007	Chg-P	CR2E0	34 (12/06)	
City & State	•	City & State			4. FEI Number Applied For Not Applicable				
Zip	Country	Zip	Coun	try	5. Certificate	of Status Desired		\$8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New I	Registered /	Agent	
				Name					
	RAYMOND G BREEZE PARKWAY			Street Address	(P.O. Box Numb	er is Not Acceptabl	e)		
SUITE 5	DICELLE FARRYATI								
GULF BRE	EZE, FL 32581								
<u> </u>				City			FL	Zip Cod	e
	named entity submits this statement fi lons of registered agent.	or the purpose of changing its	registere	ed office or registe	red agent, or bo	th, in the State of Fl	orida. Iam	familiar with,	and accept
SIGNATURE.		A COL					DATE		
	Bigneture, typed or printed name of registered agen	a and the Fappicable. (NU1)	E: Magastare	d Agent signature require	d when remaining)		DATE		
Fil. After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$550	9. Election Campa. Trust Fund Cont			.00 May Be ded to Fees				
10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	CHANGES TO OF	ICERS AND	DIRECTOR	S IN 11
TITLE	PS	☐ Delete	TITLE					Change	☐ Addition
NAME	FILLINGER, EDITH D	_	члм						
STREET ADDRESS	4953 BERKELEY FOREST BLV	D.		ET ADORESS · ST · ZIP					
CITY-ST-ZIP	GULF BREEZE, FL 32563								
TITLE NAME		☐ Delete	TITLE					Change	Addition
STREET ADDRESS	:			ET ADDRESS					
CITY-ST-ZIP				-51 - ZIP					
TITLE		☐ Delete	III/E	:				☐ Change	Addition
NAME			NAME	E				_ •	_
STREET ADDRESS				et address					
CITY-SI-ZIP			-	-ST-ZIP					
TITLE		☐ Delete	TITLE					Change	■ Addition
NAME STREET ADDRESS			NAM	ET ADDRESS					
CITY-ST-ZP				-ST-ZIP					
TITLE		☐ De lete	TITLE					☐ Change	☐ Addition
NAME			KAM	1					-
STREET ADDRESS				ET ADORESS					
CHTY-ST-ZIP			CITY	-ST-ZIP					
TITLE		☐ Delete	mus					Change	Addition
NAME			жи						
STREET ADDRESS CITY-ST-ZIP]			et address - St - Zdp					
	earth, that the information complied we	ab abia Bilan dana ant availé, fa			d in Chantar 116	Clarida Ctatutan	I lumber sen	ish, that the l	ntermentos

I hereby certify that the information supplied with this filling 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 807. 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:	CHAD SHADS	Edilby Fillinger	3.05.07	850 932 884U
	BIGHATURE AND TYPED OR PRINTED HABLE OF SIGH	ING OFFICER OR DIRECTOR	Deze	Daytero Prone #