

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000084794

FILED  
Aug 15, 2007  
Secretary of State

Entity Name: SHUTTER SERVICES MANUFACTURING, INC.

## Current Principal Place of Business:

100 SE 2ND STREET  
DELRAY BEACH, FL 33444

## New Principal Place of Business:

100 SE 2ND STREET  
DELRAY BEACH, FL 33444 US

## Current Mailing Address:

100 SE 2ND STREET  
DELRAY BEACH, FL 33444

## New Mailing Address:

100 SE 2ND STREET  
DELRAY BEACH, FL 33444 US

FEI Number: 20-5068469

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TRICK, WILLIAM W JR.  
1216 E. ATLANTIC AVENUE  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DVST ( ) Delete  
Name: BARNES, BONNIE L  
Address: 4694 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: DP ( ) Delete  
Name: FLANZBAUM, MICHAEL D  
Address: 4694 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVST (X) Change ( ) Addition  
Name: BARNES, BONNIE L  
Address: 4694 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: DP (X) Change ( ) Addition  
Name: FLANZBAUM, MICHAEL D  
Address: 4694 FRANCES DRIVE  
City-St-Zip: DELRAY BEACH, FL 33444 US

Title: V ( ) Change (X) Addition  
Name: PUHLMAN, EDWARD B  
Address: 4327 APPIAN WAY  
City-St-Zip: LAKE WORTH, FL 33463 US

Title: V ( ) Change (X) Addition  
Name: GRIFFITHS, KENNETH W  
Address: 656 SW 4TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33426 US

I hereby certify that the information supplied with this filing does not qualify 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: BONNIE L. BARNES

DVST

08/15/2007

Electronic Signature of Signing Officer or Director

Date