2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115539

Address:

City-St-Zip:

500 SUNDANCE TR

VERO BCH, FL 32963

Entity Name: EXTREME IMPACT SHUTTER SUPPLY, INC.

FILED Jan 16, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
	ODMERE ROA AN, FL 32958	D		
Current Mailing Address:			New Mailing Address:	
PO BOX 7 SEBASTIA	781510 AN, FL 329781:	510		
FEI Number	: 51-0608996	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:
3003 CAF SUITE B VERO BE	RD, CHARLES RDINAL DRIVE ACH, FL 3296		ourness of changing its registers	ed office or registered agent, or both
	e of Florida.	submits this statement for the p	outpose of changing its register	ed office of registered agent, or both
SIGNATU				
	Electron	ic Signature of Registered Age	ent	Date
Election Ca	mpaign Financing	g Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	D () MOORE, ROBE 13855 95TH ST FELLSMERE, F		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RUBIN, JAY J 6690 SW 18TH OCALA, FL 344		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () RUBIN, HOLLY 6690 SW 18TH OCALA, FL 34		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () SCHROEDER, 500 SUNDANCI VERO BCH, FL	E TR	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name:	D () SCHROEDER,	Delete CHRISTA	Title: Name:	() Change () Addition

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.

Address:

City-St-Zip:

SIGNATURE: WILLIAM WAYNE SCHROEDER D 01/16/2008