2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 06, 2008
Secretary of State

DOCUMENT# P06000115539

Entity Name: EXTREME IMPACT SHUTTER SUPPLY, INC.

Current Principal Place of Business:

6855 WOODMERE ROAD
SEBASTIAN, FL 32958

New Principal Place of Business:

Current Mailing Address:

PO BOX 781510
SEBASTIAN, FL 329781510

New Mailing Address:

FEI Number: 51-0608996 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDFORD, CHARLES
3003 CARDINAL DRIVE
SUITE B
VERO BEACH, FL 32963 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: D ( ) Delete
Name: MOORE, ROBERT L
Address: 13855 95TH ST
City-St-Zip: FELLSMERE, FL 32948

Title: D ( ) Delete
Name: RUBIN, JAY J
Address: 6690 SW 18TH TERR RD
City-St-Zip: OCALA, FL 34476

Title: D ( ) Delete
Name: RUBIN, HOLLY
Address: 6690 SW 18TH TERR RD
City-St-Zip: OCALA, FL 34476

Title: D (X) Delete
Name: SCHROEDER, WILLIAM W
Address: 500 SUNDANCE TR
City-St-Zip: VERO BCH, FL 32963

Title: D (X) Delete
Name: SCHROEDER, CHRISTA
Address: 500 SUNDANCE TR
City-St-Zip: VERO BCH, FL 32963

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: SCHROEDER, WILLIAM W
Address: 500 SUNDANCE TRAIL
City-St-Zip: VERO BEACH, FL 32963

Title: V (X) Change ( ) Addition
Name: RUBIN, JAY J
Address: 6690 SW 18TH TERR RD
City-St-Zip: OCALA, FL 34476

Title: S/T (X) Change ( ) Addition
Name: MOORE, ROBERT L
Address: 13855 95TH STREET
City-St-Zip: FELLSMERE, FL 32948

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: LISA V. HARMON P 03/06/2008

Electronic Signature of Signing Officer or Director — Date