2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 23, 2008 8:00 am
Secretary of State

04-18-2008 90033 047 ***158.75

DOCUMENT # P06000129845

1. Entity Name
A-Z SHUTTER SYSTEMS, INC

Principal Place of Business	Mailing Address
4421 NW 19 TERRACE OAKLAND PARK, FL 33309	4421 NW 19 TERRACE OAKLAND PARK, FL 33309

00011089

03202008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box # 3620 Canaveral Groves Blvd		3. Mailing Address 3620 Canaveral Groves Blvd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Cocoa		City & State Cocoa	
Zip 32926	Country Brevard	Zip 32926	Country Brevard

4. FEI Number 20-5698246 APPLIED FOR — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DE KOCK, LEIGH ANN
4421 NW 19 TERRACE
OAKLAND PARK, FL 33309

7. Name and Address of New Registered Agent

Name Leigh Ann DeKock
Street Address (P.O. Box Number is Not Acceptable) 3620 Canaveral Groves Blvd.
City Cocoa FL Zip Code 32926

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

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DEKOCK, LEIGH ANN 4421 NW 19 TERRACE OAKLAND PARK, FL 33309	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TERBLANCHE, ANDRE 934 LAURA ST CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing 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 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: Leigh Ann DeKock 4/18/08 754-214-2375
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #