2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28, 2008 8:00 am Secretary of State DOCUMENT # P07000065499 1. Entity Name 05-28-2008 90017 011 ***164.00 DG SHUTTERS SERVICES INC Principal Place of Business Mailing Address 9 NAOMI CIR LANTANA 9 NAOMI CIR LANTANA LAKE WORTH, FL 33462 LAKE WORTH, FL 33462 2. Principal Place of Business - No P.O. Box # 3. Mailing Address FL 33465 -amtana Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Cha-P CR2E034 (12/06) City & State City & State Applied For 33465 1-0769 an. Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired 34 U.5 6 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name حي Daxman GIRON PEREZ, DAYMAN O Street Address (P.O. Box Number 9 NAOMI CIR LANTANA FL 33465 0 LAKE WORTH, FL 33462 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. I name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ✓ Delete ☐ Addition TITLE TITLE Giron Perez Bayw GIRON PEREZ, DAYMAN O NAME NAME STREET ADDRESS 9 NAOMI CIR LANTANA STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH, FL 33462 Delete TITLE S TITLE ☐ Addition NAME NAVAS, JESENIA NAME STREET ADDRESS 3681 E SANDPIPER DR SUITE 3 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH, FL 33436 ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 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.

FILED