

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000096738

FILED
Apr 29, 2008
Secretary of State

Entity Name: AAA STORM-LITE SHUTTERS, INC.

Current Principal Place of Business:

1954 LAKE AVE S.E.
LARGO, FL 33371 US

New Principal Place of Business:

1709 FAULDS ROAD SOUTH
CLEARWATER, FL 33756 US

Current Mailing Address:

1954 LAKE AVE S.E.
LARGO, FL 33371 US

New Mailing Address:

1709 FAULDS ROAD SOUTH
CLEARWATER, FL 33756 US

FEI Number: 26-0807988

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUBINO, TAMMARA
1709 FAULDS ROAD SOUTH
CLEARWATER, FL 33756 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RUBINO, TAMMARA
Address: 1709 FAULDS ROAD S
City-St-Zip: CLEARWATER, FL 33756

Title: VP () Delete
Name: RUBINO, MICHAEL
Address: 1709 FAULDS ROAD S
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: TAMMARA RUBINO

P

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date