

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000073217

**FILED**  
**Sep 05, 2012**  
**Secretary of State**

**Entity Name:** STORM SHUTTER SOLUTIONS INC.

**Current Principal Place of Business:**

1730 CANOVA ST SE  
PALM BAY, FL 32909 US

**New Principal Place of Business:**

1720 MAIN STREET  
SUITE 1  
PALM BAY, FL 32905 US

**Current Mailing Address:**

1730 CANOVA ST SE  
PALM BAY, FL 32909 US

**New Mailing Address:**

PO BOX 501412  
MALABAR, FL 32950 US

**FEI Number:** 27-2592584

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BROWNFIELD, MARIANNE  
1730 CANOVA ST SE  
PALM BAY, FL 32909 US

**Name and Address of New Registered Agent:**

BROWNFIELD, MARIANNE  
1720 MAIN STREET  
SUITE 1  
PALM BAY, FL 32905 US

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:** MARIANNE BROWNFIELD

09/05/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DPST  
**Name:** BROWNFIELD, MARIANNE  
**Address:** 1720 MAIN STREET SUITE 1  
**City-St-Zip:** PALM BAY, FL 32905 US

I hereby 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 all other like empowered.

**SIGNATURE:** MARIANNE BROWNFIELD

DPST

09/05/2012

Electronic Signature of Signing Officer or Director

Date