
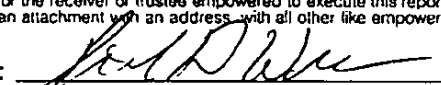


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-07-2006 90031 032\*\*\*61.25

FILED P92000009230  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAR -1 AM 9:04

<b>DOCUMENT # P92000009230</b> 1. Entity Name <b>ECONOMY SCREEN INC.</b>					
Principal Place of Business <b>4837 S.W. 28 AVE</b> <b>DANIA FL 33312</b> <b>US</b>			Mailing Address <b>4837 S.W. 28 AVE.</b> <b>DANIA FL 33312</b> <b>US</b>		
2. Principal Place of Business <b>3630 Shaw Blvd</b>		3. Mailing Address  			
Suite, Apt. #, etc. <b>5</b>		Suite, Apt. #, etc.  			
City & State <b>NAPLES FL</b>		City & State  		4. FEI Number <b>NO-T APPLICABLE</b>	
Zip <b>34117</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>WEAR, RICKY D</b> <b>4837 SW 28 AVE</b> <b>DANIA FL 33312</b>				7. Name and Address of New Registered Agent Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00.</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution. <input type="checkbox"/> <b>Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P <b>WEAR, RICKY D.</b> <b>4837 SW 28 AVE</b> <b>DANIA FL 33312</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY- ST- ZIP	 	<input type="checkbox"/> Delete			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  <b>1-26-06 954-967-9117</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____					