2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000076721

Entity Name: SHUTTER SERVICES AND SCREEN REPAIRS. INC.

FILED Apr 28, 2006 Secretary of State

	iidi onorren	OLIVIOLO / WID GOINELIVI	(21 7 11 (0, 11 (0)				
Current Principal Place of Business:			New Prince	New Principal Place of Business:			
100 SE. 2N DELRAY B	ND ST. BEACH, FL 334	44 US					
Current Mailing Address:			New Maili	New Mailing Address:			
100 SE. 2N DELRAY B	ND ST. BEACH, FL 334	44 US					
FEI Number:	65-0456355	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired	I (X)	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
1216 É. AT	LLIAM W JR. 'LANTIC AVENI) BEACH, FL 3		1216 E. AT	TRICK, JR., WILLIAM W 1216 E. ATLANTIC AVENUE POMPANO BEACH, FL 33062 US			
	named entity so of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered o	office or registered agent, o	or both,	
SIGNATURE: WILLIAM W. TRICK, JR.				04/28/2006			
	Electronic	Signature of Registered Age	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DP ()[FLANZBAUM, MI 4694 FRANCES DELRAY BEACH	DR	Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	VP () [PUHLMAN, ED B 4327 APPIAN WA GREEN ACRES,	Υ Υ	Title: Name: Address: City-St-Zip:	VP (X PUHLMAN, ED 4327 APPIAN \ GREEN ACRE	WAY		
Title: Name: Address: City-St-Zip:	VP () I SLOAN, MARK O 1108 NORTH D S LAKE WORTH, F	STREET	Title: Name: Address: City-St-Zip:	VP (X HORVATH, BAI 5029 SANCER LAKE WORTH	RE CIRCLE		
Title: Name: Address: City-St-Zip:	, ,		Title: Name: Address: City-St-Zip:	() Change()Addition		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	GRIFFITHS, KI 656 SW 4TH A			

I hereby certify that the information supplied with this filing does not qualify for the 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: BONNIE BARNES FLANZBAUM DVP 04/28/2006