

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000000417

Entity Name: STORM SAFE SHUTTERS, INC.

FILED
Mar 20, 2007
Secretary of State

Current Principal Place of Business:

3593 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916

New Principal Place of Business:

3593 VERONICA S SHOEMAKER BLVD
FORT MYERS, FL 33916 US

Current Mailing Address:

6801 PORTO FINO CIRCLE
#2
FORT MYERS, FL 33912

New Mailing Address:

6801 PORTO FINO CIRCLE
#2
FORT MYERS, FL 33912 US

FEI Number: 65-0433843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITAKER, CHRISTOPHER
3593 VERONICA S SHOEMAKER BLVD
FT MYERS, FL 33916 US

Name and Address of New Registered Agent:

NEXUS CAPITAL CONSTRUCTION, LLC
3593 VERONICA S SHOEMAKER BLVD
FT MYERS, FL 33916 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: CRAIG A. PISARIS-HENDERSON, MGR
Electronic Signature of Registered Agent

03/20/2007
Date

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: WHITAKER, CHRISTOPHER
Address: 3593 VERONICA S SHOEMAKER BLVD
City-St-Zip: FT MYERS, FL 33916

Title: SV (X) Delete
Name: DEALMEIDA, MICHAEL
Address: 3593 VERONICA S SHOEMAKER BLVD
City-St-Zip: FT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: PISARIS-HENDERSON, CRAIG A
Address: 3593 VERONICA S SHOEMAKER BLVD
City-St-Zip: FT MYERS, FL 33916 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRAIG A. PISARIS-HENDERSON
Electronic Signature of Signing Officer or Director

DPST

03/20/2007
Date