2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000079459

1. Entity Name
SCREEN DOCTOR, INC.

Principal Place of Business	Mailing Address
~~157 S. HAMPTON DRIVE~~ ~~JUPITER, FL 33458~~ *2875 JUPITER PARK DR. #900 JUPITER, FL 33458*	157 S. HAMPTON DRIVE JUPITER, FL 33458

DO NOT WRITE IN THIS SPACE

01052008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3353569	Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

DALBERRI, LOUISA
157 SOUTH HAMPTON DR.
JUPITER, FL 33458

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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 _Louisa Dalberri_ LOUISA DALBERRI 04/22/08

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000915110
05/09/08-80002-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DALBERRI, LOUISA
STREET ADDRESS	157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	V
NAME	DALBERRI, GREGORY F
STREET ADDRESS	118 BANYAN CIRCLE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	V
NAME	DALBERRI, BENJAMIN R
STREET ADDRESS	157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	ST
NAME	DALBERRI, RACHEL
STREET ADDRESS	157 SOUTH HAMPTON DRIVE
CITY-ST-ZIP	JUPITER, FL 33458

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _Louisa Dalberri_ LOUISA DALBERRI 4/22/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

561-747-1229