

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000082559

Entity Name: A-SHUTTERS U.S.A., INC.

FILED
Sep 19, 2006
Secretary of State

Current Principal Place of Business:

10125 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

New Principal Place of Business:

Current Mailing Address:

10125 W OAKLAND PARK BLVD
#325
SUNRISE, FL 33351 US

New Mailing Address:

FEI Number: 65-0615129

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALKESLASSI, DAVID
10125 W. OAKLAND PARK BLVD.,
STE 325
SUNRISE, FL 33351 US

Name and Address of New Registered Agent:

ALKESLASSI, SANDRA
10125 W. OAKLAND PARK BLVD.,
STE 325
SUNRISE, FL 33351 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: SANDRA ALKESLASSI

09/19/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALKESLASSI, DAVID
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: DV (X) Delete
Name: ALKESLASSI, SANDRA
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

Title: V (X) Delete
Name: BAKER, CHARLES F
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ALKESLASSI, SANDRA
Address: 10125 W. OAKLAND PARK BLVD. #325
City-St-Zip: SUNRISE, FL 33351

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

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: SANDRA ALKESLASSI

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09/19/2006

Electronic Signature of Signing Officer or Director

Date