DOCUMENT # P96000006285 Entity Name FILED Jan 31, 2006 08:00 AM Secretary of State THE SCREEN DEPOT, INC. Principal Place of Business Mailing Address 5380 WINCHESTER WOODS DR. LAKE WORTH FL 33463 201 SE 10TH AVENUE BOYNTON BEACH FL 33435 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For Cdv & State 65-0640353 Not Applicat Country \$8.75 Additional Žία Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MILLER, KENNETH Street Address (P.O. Box Number is Not Acceptable) 5380 WINCHESTER WOODS DRIVE LAKE WORTH FL 33463 Zip Code City 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 Signature, typers or printed name of registered agent and title if applicable DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 Election Campaign Financing \$5.00 May € After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE ☐ Change □ Addition NAME MILLER, KENNETH NAME STREET ADDRESS STREET ADDRESS UBB000410043 02/09/06-80021-008 158.75 5380 WINCHESTER WOODS DR. CITY-ST-ZIP LAKE WORTH FL 33463 CITY-ST-ZIP ☐ Defete îdîtê Channe T And TITLE NAME MAME MILLER, TAMMY STREET ADDRESS 5380 WINCHESTER WOODS DR. STREET ADDRESS CHY-ST-ZiP LAKE WORTH FL 33463 CSTY-ST-ZIP Change □ 860 TITLE Delete TITLE MAME MANU STREE! ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Arica Arica TITLE HRLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-789 CITY-ST-ZIP Delete **□** A. TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS GITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE NAME MAME STREET AODRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 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 filis report or supplemental report is true and accurate and that my signature shall have the same tegal effect as if made under oath, that I am an officer or direct 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Kenneth miller