2008 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Secretary of State DOCUMENT # P96000015455 01-07-2008 90036 045 ***150.00 1. Entity Name TREASURE COAST GARAGE DOORS, INC. Principal Place of Business Mailing Address 966 SW BILTMORE ST. 966 SW BILTMORE ST PORT SAINT LUCIE, FL 34984 US PORT SAINT LUCIE, FL 34983 US 34983 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01042008 Cha-P CR2E034 (12/06) Applied For 4 FEL Number City & State City & State 65-0640928 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WAGNER, MARK J Street Address (P.O. Box Number is Not Acceptable) 6926 N.W. DAFFODIL LANE PORT SFR. LUCIE, FL 34983-1417 SAINT City Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE ☐ Belete WAGNER, MARK J PT NAME NAME STREET ADDRESS STREET ADDRESS 6926 NW DAFFODIL LANE CITY-ST-ZIP CITY-ST-7IP PT ST LUCIE, FL 34983 ☐ Change ☐ Addition ☐ Delete TITLE TITLE WAGNER, HELLEN NAME NAME STREET ADDRESS STREET ADDRESS 6926 NW DAFFODIL LN CITY-ST-ZIP CITY-ST-ZIP PT ST LUCIE, FL 34983 TITLE ☐ Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED Jan 07, 2008 8:00 am