

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054263

Entity Name: CANAL SCREENS, INC.

FILED
Jan 28, 2009
Secretary of State

Current Principal Place of Business:

750 E SAMPLE RD
BLDG 8 SUITE 8
POMPANO BEACH, FL 33064

New Principal Place of Business:

1907 NW 18 STREET
UNIT #2
POMPANO BEACH, FL 33069

Current Mailing Address:

750 E SAMPLE RD
BLDG 8 SUITE 8
POMPANO BEACH, FL 33064

New Mailing Address:

PO BOX 970294
POMPANO BEACH, FL 33069

FEI Number: 65-0693220

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GENTRY, CLYDE L
750 E SAMPLE RD
BLDG 8 SUITE 9
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

GENTRY, CLYDE L
1907 NW 18 STREET
UNIT #2
POMPANO BEACH, FL 33069 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:

01/28/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GENTRY, CLYDE L
Address: 750 EAST SAMPLE RD BLDG #8 SUITE #8
City-St-Zip: POMPANO BEACH, FL 33064

Title: DVP () Delete
Name: FRANCESE, KIMBERLY
Address: 750 EAST SAMPLE RD BLDG #8 SUITE #8
City-St-Zip: POMPANO BEACH, FL 33064

Title: DST () Delete
Name: ONEIL, TERENCE M
Address: 750 EAST SAMPLE ROAD BLDG #8 SUITE #8
City-St-Zip: POMPANO BEACH, FL 33064

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GENTRY, CLYDE L
Address: 1907 NW 18 STREET #2
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVP (X) Change () Addition
Name: FRANCESE, KIMBERLY
Address: 1907 NW 18 STREET #2
City-St-Zip: POMPANO BEACH, FL 33069

Title: DST (X) Change () Addition
Name: ONEIL, TERENCE M
Address: 1907 NW 18 STREET #2
City-St-Zip: POMPANO BEACH, FL 33069

I hereby certify that the information supplied with this filing does not qualify 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: KIMBERLY FRANCESE

DVP

01/28/2009

Electronic Signature of Signing Officer or Director

Date