


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90305 014 ***150.00

DOCUMENT # P96000062215	
1. Entity Name CANNON SCREEN ROOMS, INC.	

Principal Place of Business 1808 IMPERIAL PALM DR APOPKA, FL 32712	Mailing Address 1808 IMPERIAL PALM DR APOPKA, FL 32712
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2. Principal Place of Business 1232 Rock Springs Rd. Suite, Apt. #, etc. #2 City & State Apopka, FL Zip 32712	3. Mailing Address 1232 Rock Springs Rd. Suite, Apt. #, etc. #2 City & State Apopka, FL Zip 32712
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04182005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3390823	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CANNON, LINDA M 1808 IMPERIAL PALM DR APOPKA, FL 32712	7. Name and Address of New Registered Agent new address: 1232 Rock Springs Rd. Ste 2 Apopka, FL 32712
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANNON, WILLIAM A 360 MORNING CREEK CIRCLE APOPKA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1232 Rock Springs Rd., Ste 2 Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANNON, LINDA M 360 MORNING CREEK CIRCLE APOPKA, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1232 Rock Springs Rd., Ste 2 Apopka, FL 32712
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HERZBERG, JOSEPH 562 ORANGE DR #32 ALTAMONTE SPRINGS, FL 32706 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 875 Georgia Ave. Longwood, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Linda Cannon **4/18/05** **407-889-7415**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Linda Cannon - Vice President