2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000064971

Address:

City-St-Zip:

4308 GRANT ST

HOLLYWOOD, FL 33021

FILED Apr 18, 2007 Secretary of State

Entity Na	me: CONTE	EMPORARY COVERINGS	S, INC.			
Current P	rincipal Pla	ce of Business:	New Prin	New Principal Place of Business:		
1844 NOB STE. 206 PLANTATI	HILL RD ION, FL 333	322				
Current M	lailing Addı	ress:	New Mai	New Mailing Address:		
1844 NOB STE. 206 PLANTATI	HILL RD ION, FL 333	322				
FEI Number: 65-0686900 FEI Number Applied For ()		() FEI Number Not Ap	plicable ()	Certificate of Status Desired ()		
Name and	Address o	f Current Registered Ag	ent: Name an	d Address o	f New Registered Agent:	
941 FOUR	ATION CREATH STREET ACH, FL 33°		NC			
	named entile of Florida.	ty submits this statement f	or the purpose of changing	its registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electr	ronic Signature of Registe	red Agent		Date	
Election Car	npaign Financ	ing Trust Fund Contribution	().			
OFFICER	S AND DIRE	ECTORS:	ADDITIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	ROBERT WO		Title: Name: Address: City-St-Zip:	ROBERT WO	JM DRIVE	
Title: Name:	S WORKENS,	() Delete JASON M	Title: Name:	S WORKENS,	(X) Change () Addition JASON M	

Address:

City-St-Zip:

4180 STADIUM DRIVE

JUPITER, FL 33458

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: ROBERT WORKENS P 04/18/2007