2002 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT# P97000018177 1. Entity Name SHUTTER SOLUTIONS, INC. 02 APR 26 PM 1:11 Principal Place of Business Mailing Address 526 ALLENDALE ROAD SECRETARY OF STATE TALLAHASSEE, FLORIDA KEY BISCAYNE, FL 33149 2. Principal Place of Business 3. Mailing Address 526 ALLENDALE ROAD C/O DOUGLAS W. BIGGERS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 526 ALLENDALE ROAD CN/ & State City & State 4. FEI Number Applied For KEY BISCAYNE, FL KEY BISCAYNE, FL 65-0806429 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired. 33149--USA 33149 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DOUGLAS W. BIGGERS Name 526 ALLENDALE ROAD KEY BISCAYNE, FL 33149 Street Address (P.O. Box Number is Not Acceptable) City Zip Code 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. SIGNATURE DOUGLAS W. BIGGERS Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Date 9. This corporation is eligible to satisfy its Intan-FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 gible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. May Be Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT/DIRECTOR; Delete TITLE Addition DAVID R. BUZZELLA-NAME NAME 4984 COURLAND LOOP. STREET ADDRESS STREET ADDRES WINTER SPRINGS, FL 320708 CITY - ST - ZIP SEC'Y/TREASURER/DIRECTOR TITLE_ Delete Change Addition DOUGLAS W. BIGGERS NAME 526 ALLENDALE ROAD STREET ADDRES STREET ADDRES KEY BISCAYNE, FL 33149 CITY - ST - ZIF TITLE ... Change Addition NAME NAME 200005451602 STREET ADDRES STREET ADDRESS -05/06/02--01005--0**2**6 CITY - ST - ZIP CITY - ST - ZIP TITS F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP TITLE Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRES STREET ADDRESS 13. 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 11 or Block 1/2 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: $^{oldsymbol{\Sigma}}$