2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 21, 2006 08:00 AM DOCUMENT # P97000054641 **Secretary of State** 1. Entity Name AMBIANCE PLANTATION SHUTTERS, INC. Principal Place of Business Mailing Address 1040 RORDON AVENUE 1040 RORDON AVENUE NAPLES FL 34103 NALES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apl. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country Ζ'nρ 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 Name CREECH, DAVID R Street Address (P.O. Box Number is Not Acceptable) 1040 RORDON AVENUE NAPLES FL 34103 City FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NDTE: Registered Agent signature required when roinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE **PVST** Addition □ Delete HILE NAME CREECH, DAVID R NAME STREET ADDRESS 1040 RORDON AVENUE STREET ADDRESS CITY-ST-ZIP NAPLES FL 34103 CITY-ST-ZIP Delete Change □ Addition TILE 33715 NAME NAME STREET ADDRESS STREET ADDRESS U00000144309**5** 03/04/06-20048-003 150.00 CHY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE UDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TOTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIRE ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS COTY-ST-IN CITY-ST-ZIP Oefete TITLE TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certily that the information supplied with this tiling does not qualify for the exemptions contained in Section 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 changed, or on an attachment with an address, with all other like empowered.

DAVID R. CREECH (PAS)

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FOB 1204

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