2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 02, 2005 08:00 AM **DOCUMENT # P97000105014 Secretary of State** 1. Entity Name SURFSIDE ALUMINIUM & SCREENS, INC. Principal Place of Business Mailing Address 1407 SW BILTMORE ST. 265 SOUTHWEST PORT ST. LUCIE BLVD. #119 PORT SAINT LUCIE, FL 34983 PORT SAINT LUCIE, FL 34984 01102005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0802781 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 6. Name and Address of Current Registered Agent NAGLE, DENNIS A DO NOT WRITE 1407 SW BILTMORE STREET PORT SAINT LUCIE, FL 34983 IN THIS SPACE 5. 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulard when relastating) UMMOMO210354 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 02/02/05-80101-016 150.90 П Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PTD TITLE NAGLE, DENNIS A NAME STREET ADDRESS 265 SOUTHWEST PORT ST. LUCIE BLVD. #119 CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 TILE NAGLE, DENNIS C NAME 265 SW PORT ST LUCIE BLVD # 119 STREET ADDRESS CITY-ST-ZIP PORT SAINT LUCIE, FL 34984 NAGLE, ANNE E MARAF STREET ADDRESS 265 SW PORT ST LUCIE BLVD # 119 DO NOT WRITE CITY ST-772 PORT SAINT LUCIE, FL 34984 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP
TITLE
NAME
STREFT ADDRESS
CITY-ST-ZIP

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1/12/08