2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 31, 2005 8:00 am Secretary of State

DOCUMENT # P98000046492 1. Entity Name GUTTERMASTERS OF S.W., FL., INC.								01-31-2005 90072 010 ***150.00			
Principal Place	e of Business		Mailin	g Address		<u> </u>	_				
1838 SW 17 PL		1838 SW 17 PL					5	กกกลเ	2 / 0		
CAPE CORAL, FL 33991		CAPE	CAPE CORAL, FL 33991			50008648					
2. Principal Place of Business			3. Mai	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01242005	Chg-P	CR2E0	34 (10/03)		
- ,-	City & State		City & State		.		4. FEI Number 65-0504	352		No	plied For t Applicable
Zip		Country	Zip		Соиг	ntry	5. Certificate of	Status Desired		\$8.75 Add Fee Required	
	5. Name	and Address of Curr	ent Registere	ed Agent		Namo	7. Name and A	ddress of New	Registered	Agent	
KISS, ROB	BERT					Name					
1838 SW 1 CAPE COR	17 PL	3991		Street Address			(P.O. Box Number is Not Acceptable)				
						City			FL	Zip Code	8
8. The above the obligati	ions of registe		,								1
the obligati	Signature, typed of		स्ट्रेब्टम कार्य शांक ने स्ट्रे	9. Election Campa Trust Fund Con	aign Fina		5.00 May Be dded to Fees		DATE		
the obligati	Signature, typed of	ered agent. or printed name of registered a FEE IS \$150.00 6 Fee will be \$55	स्ट्रेब्टम कार्य शांक ने स्ट्रे	9. Election Campa Trust Fund Con	aign Fina	ncing \$3	5.00 May Be dded to Fees	HANGES TO OF		D DIRECTOR:	S IN 11
signature_ Signature_ Fill After Ma	E NOW!!! ay 1, 2005	or printed name of registered a FEE IS \$150.00 6 Fee will be \$55	tgers and tale d app	9. Election Campa Trust Fund Con	aign Fina tribution.	noing \$3	5.00 May Be dded to Fees	HANGES TO OF		D DIRECTOR:	S IN 11
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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: Pas Robert KISS 1-28-05 (239)283-380 2