2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005
Secretary of State

DOCUMENT# P99000021880

Entity Name: SHUTTER ENTERPRISES GROUP, INC.

Current Principal Place of Business:

915 S DIXIE HWY E
POMPANO BEACH, FL 33060

New Principal Place of Business:

Current Mailing Address:

10601 OAK ST., N.E.
ST. PETERSBURG, FL 33716

New Mailing Address:

FEI Number: 59-3568736 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVY, BUDDY J
2203 N LOIS AVE
9TH FLOOR SUITE 37
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: VALVERDE, DON
Address: 2109 E PALM #203
City-St-Zip: TAMPA, FL 33605

Title: P ( ) Delete
Name: COFFILL, JOHN
Address: 2203 N LOIS AVE STE 37
City-St-Zip: TAMPA, FL 33607

Title: VP ( ) Delete
Name: LOMBARDO, BELINDA
Address: 10601 OAK STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP ( ) Delete
Name: CONLEN, LYNN
Address: 10601 OAK STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: VP ( ) Delete
Name: NEWELL, KATHLEEN
Address: 10601 OAK STREET NE
City-St-Zip: SAINT PETERSBURG, FL 33716

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: COFFILL, JOHN
Address: 2203 N LOIS AVE STE 37
City-St-Zip: TAMPA, FL 33607

Title: S (X) Change ( ) Addition
Name: LEVY, BUDDY
Address: 2203 N. LOIS AVE., SUITE 912
City-St-Zip: TAMPA, FL 33607

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: VALVERDE, DONNA
Address: 2203 N. LOIS AVE., SUITE 937
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BUDDY J. LEVY S 01/10/2005

Electronic Signature of Signing Officer or Director — Date