

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000021880

Entity Name: SHUTTER ENTERPRISES GROUP, INC.

FILED  
Feb 20, 2006  
Secretary of State

## 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:

LEVY, BUDDY J  
2203 N LOIS AVE  
9TH FLOOR SUITE 12  
TAMPA, FL 33607 US

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: BUDDY J. LEVY

02/20/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

02/20/2006

Electronic Signature of Signing Officer or Director

Date