2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 28, 2006 08:00 AN Secretary of State **DOCUMENT # P99000030446** 1. Entity Name ISLAND SCREEN & RAILING, INC. Principal Place of Business Mailing Address 761 E. ELKCAM CIRCLE 761 E. ELKCAM CIRCLE MARCO ISLAND, FL 34145 MARCO ISLAND, FL 34145 04272006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3568887 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HAUSLER, GARY J DO NOT WRITE 950 N. COLLIER BLVD., STE. 202 MARCO ISLAND, FL 34145 IN THIS SPACE 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be U00000544120 FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 05/11/06-80018-021 150.00 10. OFFICERS AND DIRECTORS me D O'NEILL, TIMOTHY P NAME STREET ADDRESS 1405 BUTTERFIELD CT CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE O'NEILL, BRIAN NAME STREET ADDRESS 1405 BUTTERFIELD CT CITY-ST-ZIP MARCO ISLAND, FL 34145 TITLE NAME DAVIS, JEFFERY STREET ADDRESS 1215 JAMACIA RD DO NOT WRITE CITY-ST-ZIP MARCO ISLAND, FL 34145 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER

Director, V.P.

4 27 06 239-394-481

FILED