2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005
Secretary of State

DOCUMENT# P99000044502

Entity Name: TROPICAL DEPRESSION SHUTTERS, INC.

Current Principal Place of Business:

2003 W MCNAB RD #14 & 15
POMPANO BEACH, FL 33069

New Principal Place of Business:

Current Mailing Address:

2003 W MCNAB RD #14 & 15
POMPANO BEACH, FL 33069

New Mailing Address:

FEI Number: 65-0921061 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ORTIZ, CHERIE
2003 W MCNAB RD #14 & 15
POMPANO BEACH, FL 33069 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: P ( ) Delete
Name: ORTIZ, EDGARDO
Address: 10247 SERENE MEADOW DRIVE NORTH
City-St-Zip: BOCA RATON, FL 33428

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ORTIZ, EDGARDO
Address: 2003 W. MCNAB RD., BAYS 14&15
City-St-Zip: POMPANO BEACH, FL 33069

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: CHERIE ORTIZ S/T 04/21/2005
Electronic Signature of Signing Officer or Director Date