

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P99000044502

Entity Name: TROPICAL DEPRESSION SHUTTERS, INC.

FILED
Aug 16, 2006
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

2033 W MCNAB RD BAYS G & H
POMPANO BEACH, FL 33069

Current Mailing Address:

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

New Mailing Address:

2033 W MCNAB RD BAYS G & H
POMPANO BEACH, FL 33069

FEI Number: 65-0921061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ORTIZ, EDGARDO
2033 W MCNAB RD BAYS G & H
POMPANO BEACH, FL 33069 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: _____

Electronic Signature of Registered Agent

08/16/2006

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: ORTIZ, EDGARDO
Address: 2003 W. MCNAB RD., BAYS 14&15
City-St-Zip: POMPAN0 BEACH, FL 33069

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: ORTIZ, EDGARDO
Address: 2033 W. MCNAB RD., BAYS G & H
City-St-Zip: POMPAN0 BEACH, FL 33069

Title: VP () Change (X) Addition
Name: LAURA, SMITH E VP
Address: 2033 W MCNAB RD BAYS G & H
City-St-Zip: POMPAN0 BEACH, FL 33069

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: LAURA E SMITH

Electronic Signature of Signing Officer or Director

VP

08/16/2006

Date