2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary of State 01-25-2007 90043 009 ***150.00 DOCUMENT # P99000063764 1. Entity Name AUTOMATED MOTOR SHADE SYSTEMS INC. Principal Place of Business Mailing Address 60006818 1471 SW 30TH AVE BAY 9 5297 N.W. 55TH ST COCONUT CREEK, FL 33073 DEERFIELD BEACH, FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 4230 N.W 19+ LUK Suite, Apt. #, etc. Suite Apt #, etc. 01102007 CR2E034 (12/06) City & State Applied For 4. FEI Number 65-0940974 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERKOVITZ & COMPANY P.A. Street Address (P.O. Box Number is Not Acceptable) 8211 W BROWARD BLVD STE #340 PLANTATION, FL 33324 City Zip Code 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE ☐ Celete TITLE Change ☐ Addition RAKITIN, ALAN NAME STREET ADDRESS 5297 N.W. 55TH ST STREET ADDRESS CITY-ST-ZIP COCONUT CREEK, FL 33073 CITY - ST- ZIP ☐ Delete TITLE ☐ Change ☐ Addition RAKITIN, OLGA NAME STREET ADDRESS 5297 NW 55 ST STREET ADDRESS COCONUT CREEK, FL 33073 CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIF TITLE ☐ Defete Change □ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all other like empowered.

FILED Jan 25, 2007 8:00 am