2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

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SIGNATURE:

Apr 07, 2008 8:00 am Secretary of State DOCUMENT # S72697 04-07-2008 90044 033 ***150.00 1. Entity Name AMERICAN SEAMLESS GUTTERS, INC. Principal Place of Business Mailing Address 9145 SE 151ST LANE ROAD, #1 9145 SE 151ST LANE ROAD, #1 SUMMERFIELD, FL 34491 SUMMERFIELD, FL 34491 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032008 Cha-P CR2E034 (12/06) City & State City & State 4 FELNumber Applied For 59-3089367 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAVANTE, GERALD J Street Address (P.O. Box Number is Not Acceptable) 12677 SE 53RD TERRACE RAOD BELLEVIEW, FL 34420 City Zip Code FL 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, typed or printed name of registered egent and tale if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DP MIE ☐ Delete TITLE ☐ Change Addition GRAVANTE, GERALD J NAME NAME STREET ADDRESS 12677 SE 53RD TERRACE ROAD STREET ADDRESS CITY-ST-ZIP BELLEVIEW, FL 34420 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME GRAVANTE, SHARON NAME STREET ADDRESS 12677 SE 53 TERR RD STREET ADDRESS CITY-ST-71P BELLEVIEW, FL 34420 CITY-ST-ZIP SD SD TITLE ☐ Delete TITLE Change ■ Addition Jeremy Gravante 10701 SE 99+6 PL NAME GRAVANTE, JEREMY NAME STREET ADDRESS 5807 SE 127 LANE STREET ADDRESS CITY-ST-7IP BELLEVIEW, FL 34420 CITY-ST-ZIP 34490 TITI F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-78P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 if changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

FILED