

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V42812

FILED
Jan 12, 2006
Secretary of State

Entity Name: SECURE SHUTTERS, INC.

Current Principal Place of Business:

330 MYRTICE AVE
#62
MERRITT ISLAND, FL 32953 US

New Principal Place of Business:

412 RICHARDS ROAD
ROCKLEDGE, FL 32955 US

Current Mailing Address:

PO BOX 749
GRANT, FL 32949 US

New Mailing Address:

FEI Number: 59-3134971 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

YOUNG, DAVID T.
984 S FLORIDA AVE
ROCKLEDGE, FL 32955 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: PD () Delete
Name: MANN, BERNARD S.
Address: LOT 13, BIK B, VIP, BOX 749
City-St-Zip: GRANT, FL 32949

Title: ST () Delete
Name: MANN, JOANNE M
Address: LOT13, BIKB, VIP, BOX749
City-St-Zip: GRANT, FL 32949

Title: V () Delete
Name: MANN, KATHRYN E
Address: PO BOX 749
City-St-Zip: GRANT, FL 32949

Title: V () Delete
Name: MANN, SAMUEL E
Address: PO BOX 749
City-St-Zip: GRANT, FL 32949

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MANN, JOANN M
Address: LOT 13, BIK B, VIP, BOX 749
City-St-Zip: GRANT, FL 32949

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JOANN M. MANN

ST

01/12/2006

Electronic Signature of Signing Officer or Director

Date