2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 8:00 am Secretary of State

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1. Entity Nam	MENT #750476 WINDOWN				. 4 . _{7.7} .		0 00 15 0		71.25
Principal Place of Business Mailing Address 3684 TAMPA RD 3684 TAMPA RD SUITE 6 SUITE 6 OLDSMAR, FL 34677 OLDSMAR, FL 34677			7		 	BIIM BBIN BIBN IFFIB B	1411 E124 81211 81214	BIEN ENGLI ENG	
2. Principal Place of Business - No P.O. Box # 3. Ma		3. Mailing Address	Aailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02142008	Chg-NP	CR2E037	7 (12/06)	
City & State		City & State			4. FEI Numbe 59-203	3341		_ 	plied For ot Applicable
Zip	Country	Zip	Country	Country		of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New	Registered A	gent	
FDICCIA I	EDANCIC F	:	Name						
FRISCIA, FRANCIS E MELROSE & FRISCIA, P.A. 500 NORTH WESTSHORE BLVD., STE. 635 TAMPA, FL 33609			Street	Address (P.O. Box Numbe	er is Not Acceptab	ole)		
·			City				FL	Zip Code	e
	named entity submits this statement folions of registered agent.	or the purpose of changing i	its registered office	or registe	red agent, or bot	h, in the State of F	Florida. I am fa	amiliar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	t and title if applicable. (NK	OTE: Registered Agent sign	naturé réquire	d when reinstating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2008	9. Election C	OTE: Registered Agent sign ampaign Financing d Contribution.	' o	\$5.00 May B Added to Fees	i i i i i i	Make check orida Depart	payable to ment of St	tate #
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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 empeyered to execute this report as required by Chapter 617, 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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

Daytime Phone #