2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21601

FILED Jan 19, 2006 Secretary of State

Entity Name: AMERICAN WINDOW PRODUCTS, INC.

Current Principal Place of Business: New Principal Place of Business:

2633 POWERS AVE. JACKSONVILLE, FL 32207

Current Mailing Address: New Mailing Address:

2633 POWERS AVE. JACKSONVILLE, FL 32207

FEI Number: 59-2066817 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GURR, KEITH
2745 CHELSEA COVE DRIVE
GURR, KEITH
2633 POWERS AVENUE

JACKSONVILLE, FL 32223 US JACKSONVILLE, FL 32207 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: 01/19/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 GURR, KEITH
 Name:
 GURR, KEITH

 Address:
 2745 CHELSEA COVE DRIVE
 Address:
 2633 POWERS AVENUE

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32207

Title: TS () Delete Title: TS (X) Change () Addition Name: GURR, VICKI Name: GURR, VICKI

Address: 2745 CHELSEA COVE DRIVE Address: 2633 POWERS AVENUE

City-St-Zip: JACKSONVILLE, FL 32223 City-St-Zip: JACKSONVILLE, FL 32207

Title: M () Delete Title: M (X) Change () Addition Name: RULE, EDWARD L Name: RULE, EDWARD L

Address: 7044 OLD MIDDLEBURG ROAD Address: 2633 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32222 City-St-Zip: JACKSONVILLE, FL 32207

Title: M () Delete Title: M (X) Change () Addition

Name:RULE, BERNICE WName:RULE, BERNICE WAddress:7044 OLD MIDDLEBURG RD SAddress:2633 POWERS AVENUECity-St-Zip:JACKSONVILLE, FL 32222City-St-Zip:JACKSONVILLE, FL 32207

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: VICKI GURR T/S 01/19/2006