

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J05076

FILED
Apr 30, 2009
Secretary of State

Entity Name: A-LYNN'S WINDOW SERVICES, INC.

Current Principal Place of Business:

400 NORTH STREET
SUITE 168
LONGWOOD, FL 32750 US

New Principal Place of Business:

Current Mailing Address:

400 NORTH ST
SUITE 168
LONGWOOD, FL 32750 US

New Mailing Address:

400 NORTH STREET
SUITE 168
LONGWOOD, FL 32750 US

FEI Number: 59-2933846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CADENAS, LUIS
400 N ST
STE 168
LONGWOOD, FL 32750 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: PTS () Delete
Name: CADENAS, LUIS
Address: 1261 AVALON BLVD
City-St-Zip: CASSELBERRY, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTS (X) Change () Addition
Name: CADENAS, LUIS
Address: 1261 AVALON BLVD
City-St-Zip: CASSELBERRY, FL 32707 US

I hereby certify that the information supplied with this filing does not qualify 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: LUIS CADENAS

OWN

04/30/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date