2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jul 24, 2009
Secretary of State

DOCUMENT# P03000061570

Entity Name: WORKING WINDOWS, INC.

Current Principal Place of Business:

442 4TH AVENUE
INDIALANTIC, FL 32903 US

New Principal Place of Business:

Current Mailing Address:

429 RIVERVIEW LANE
MELBOURNE BEACH, FL 329512716 US

New Mailing Address:

FEI Number: 20-0130862 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VASILE, ANTONINO
442 4TH AVENUE
INDIALANTIC, FL 32903 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

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: VASILE, ANTONINO
Address: 293 MARLIN PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP ( ) Delete
Name: CAVAZOS, PETER T
Address: 301 THIRD AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP ( ) Delete
Name: VASILE, MARIO
Address: 293 MARLIN PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: S/T ( ) Delete
Name: VASILE, TINA
Address: 293 MARLIN PLACE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: VASILE, ANTONINO P
Address: 429 RIVERVIEW LANE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: VP (X) Change ( ) Addition
Name: CAVAZOS, PETER T VP
Address: 301 THIRD AVENUE
City-St-Zip: INDIALANTIC, FL 32903

Title: VP (X) Change ( ) Addition
Name: VASILE JR, ANTONINO VP
Address: 429 RIVERVIEW LANE
City-St-Zip: MELBOURNE BEACH, FL 32951 US

Title: S/T (X) Change ( ) Addition
Name: VASILE, TINA S/T
Address: 429 RIVERVIEW LANE
City-St-Zip: MELBOURNE BEACH, FL 32951 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: ANTONINO VASILE P 07/24/2009

Electronic Signature of Signing Officer or Director Date