2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State
04-21-2006 90108 016 ***158.75

DOCUMENT # P03000114107

1. Entity Name
DAREK VINYL SIDING, INC.

Principal Place of Business	Mailing Address
7715 ARMONDA DR. NAVARRE, FL 32566	7715 ARMONDA DR. 909 MAR WALT DRIVE, SUITE 1014 NAVARRE, FL 32566

4005666 1

04182006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
7715 RAMONA DR	7715 RAMONA DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NAVARRE, FL	City & State: NAVARRE, FL
Zip: 32566 Country:	Zip: 32566 Country:

4. FEI Number 90-0127501 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KUNDERA, DARIUSZ 7715 RAMONA DR NAVARRE, FL 32566	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Dariusz Kundera
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUNDERA, DARIUSZ 7715 RAMONA DRIVE NAVARRE, FL 32566	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Dariusz Kundera 4/17/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #