


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 19, 2007 8:00 am
Secretary of State

02-19-2007 90062 032 ***150.00

DOCUMENT # P04000069812
 1. Entity Name
CBC WINDOW TREATMENTS, INC.



Principal Place of Business
**104 SWIFT CREEK COURT
 NICEVILLE FL 32578**

Mailing Address
**104 SWIFT CREEK COURT
 NICEVILLE FL 32578**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 City & State

Zip Country Zip Country

SAME SAME

1st MOORE CR2E034 (10/06)

4. FEI Number **20-1113126** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PETERSON, JOHN D
 912 SOUTH PALM BLVD
 SUITE E
 NICEVILLE FL 32578**

7. Name and Address of New Registered Agent
 Name **DOUG INGRAM**
 Street Address (P.O. Box Numbers Not Acceptable) **912 South Palm Blvd**
Suite E
 City **Niceville** FL Zip Code **32578**

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...

SIGNATURE *[Signature]* DATE **2/7/07**

Signature required name of registered agent and title if applicable. (None if Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P	KAISERSKI, PHYLLIS	104 SWIFT CREEK COURT	NICEVILLE FL 32578	<input type="checkbox"/>
VP	KAISERSKI, JAMES E	104 SWIFT CREEK COURT	NICEVILLE FL 32578	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Phyllis Kaiserski *Phyllis Kaiserski* DATE: 2-29-07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #