2007 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 07, 2007 08:00 AM **DOCUMENT # P95000092624** Secretary of State KING WINDOW AND GLASS INC. Principal Place of Business Mailing Address 5821 NW CONUS CT. 5821 NW CONUS CT. PORT SAINT LUCIE, FL 34986 PORT SAINT LUCIE, FL 34986 CR2E034 (11/05) 03042007 No Cho-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0630916 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KING, MARIA D DO NOT WRITE 5821 NW CONUS CT. PORT SAINT LUCIE, FL 34986 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U00000658257 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 03/15/07-80031-012 150.00 OFFICERS AND DIRECTORS 10. TITLE KING, RORY S NAME STREET ADDRESS 5821 NW CONUS CT. CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 TITLE KING, MARIA D NAME STREET ADDRESS 5821 NW CONUS CT CITY-ST-ZIP PORT SAINT LUCIE, FL 34986 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP MLE STREET ADDRESS

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:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

SIGNATURE AND OPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

15/07-472.344.538

FILED