2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 26, 2005 08:00 AM Secretary of State

DOCUMENT # P96000020815 1. Enbly Name WINDOW TINT AMĒRĪČA, INC.	Secretary of State
Principal Place of Business Mailing Address 2167 DREW STREET 2169 DREW STREET CLEARWATER, FL 33765 CLEARWATER, FL 33765	# PERMINENT IND CASUS ONLY REALL REALL STATE THAT IS NOT BEING CASUS TO BE A SUSTEIN A
DO NOT WRITE IN THIS SPA	01172005 No Chg-P CR2E034 (10/03) 4. FEI Number Applies For
Name and Address of Current Registered Agent	59-3365906 Not Applicable 5. Certificate of Status Desired See Required See Required
BERDOS, PETE = 2224 KIMBERLY PALM HARBOR, FL 34683	DO NOT WRITE IN THIS SPACE
 The above named entity submits this statement for the purpose of changing its register the obligations of registered agent. 	ered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title diapplicable (NOTE: Registered)	ored Agent signature required when re-natating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS	
NAME BERDOS, PETE STREET ADDRESS 2224 KIMBERLY CT CITY-ST-ZP PALM HARBOR, FL 34683	U00000244199 -U27267U3-80003-011 150 00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP TITLE NAME STRIFT ADDRESS CITY-ST-ZIP	IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NTLE NUME STRICT ADDRESS CITY-ST-ZIP	
12. Thereby certify that the information supplied with this filling does not qualify for the exindicated on this report or supplemental report is true and accurate and that my sign of the corporation or the receiver or susteet empowered to execute this report as requested or on an allactificing with an address, with all other like empowered SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTION.	kemption stated in Section 119.07(3)(i), Flonda Statutes 1 further certify that the information lature shall have the sarrie logal effect as if made under oath, that I am an officer or director uired by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if