2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 654611

FILED Feb 06, 2004 Secretary of State

Entity Name: SUNCOAST WINDOW TREATMENTS, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:	
	CORMICK DR. L 336263019			
Current Mailing Address:		New Mailing Addre	New Mailing Address:	
	CORMICK DR. L 336263019			
FEI Number	: 59-1967839	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of C	urrent Registered Agent:	Name and Address	s of New Registered Agent:
	TI, MICHEAL J. CORMICK DRI ^N 'L 33626 US			
	e named entity s e of Florida.	ubmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,
SIGNATU	RE:			
	Electroni	c Signature of Registered Age	ent	Date
Election Ca		c Signature of Registered Age Trust Fund Contribution ().	ent	Date
		Trust Fund Contribution ().		Date GES TO OFFICERS AND DIRECTOR
	mpaign Financing	Trust Fund Contribution (). CORS: Delete HAEL J, LAND		
OFFICER Title: Name: Address:	S AND DIRECT T () CONFORTI, MIC 224 MIDWAY IS CLEARWATER,	Trust Fund Contribution (). ORS: Delete HAEL J, LAND FL 33767 Delete SE ANN, LAND	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTOR
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address:	T () CONFORTI, MIC 224 MIDWAY IS CLEARWATER, S () CONFORTI, RO: 224 MIDWAY IS CLEARWATER,	Trust Fund Contribution (). ORS: Delete HAEL J, LAND FL 33767 Delete SE ANN, LAND FL 33767 Delete HAEL RIVE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	T () CONFORTI, MIC 224 MIDWAY IS CLEARWATER, S () CONFORTI, RO: 224 MIDWAY IS CLEARWATER, P () CONFORTI, MIC 1137 HAGEN DE NEW PORT RIC	Trust Fund Contribution (). ORS: Delete HAEL J, LAND FL 33767 Delete SE ANN, LAND FL 33767 Delete HAEL RIVE HEY, FL 34655 Delete DTT ERRACE	ADDITIONS/CHAN Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:	GES TO OFFICERS AND DIRECTOR () Change () Addition () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROSE ANN CONFORTI SEC 02/06/2004