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Secretary of State

04-28-2004 90170 006 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

94069045

04232004 Chg-P CR2E034 (10/03)

DOCUMENT # 677527

1. Entity Name
CUSTOM WINDOW DECORS, INC.

Principal Place of Business	Mailing Address
1262 PINEY RD. NORTH FT. MYERS, FL 33903	1262 PINEY RD. NORTH FT. MYERS, FL 33903

2. Principal Place of Business	3. Mailing Address
1261 LAMAR Rd	1261 LAMAR Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: North Ft. Myers, FL	City & State: North Ft. Myers, FL
Zip: 33903 Country:	Zip: 33903 Country:

4. FEI Number 59-2056531 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HALL, IMA JEAN
1262 PINEY RD.
NORTH FT. MYERS, FL 33903

7. Name and Address of New Registered Agent

Name: HAll, IMA Jean
Street Address (P.O. Box Number is Not Acceptable): 1261 LAMAR Rd
City: North Fort Myers FL Zip Code: 33903

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: Willie B. Hall Vice President DATE: 4/23/04

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 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	PD HALL, IMA JEAN 3356 NORTH KEY DRIVE #F3 FORT MYERS, FL 33903	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALL, WILLIE B., JR. 4212 S.W. 5TH AVENUE CAPE CORAL, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 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 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: Willie B Hall — 4/23/04 — 239-995-6966

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