2008 FOR PROFIT CORPORATION

FILED Mar 17, 2008 08:00 A ate

ANNUAL REPORT					Constant of C4		
DOCUMENT # F05000005192 1. Entity Name WINDOW SPECIALIST, INC.					5	Secretary of St	
Principal Place 188 ERIE AV LANCASTER,		Mailing Address 188 ERIE AVE. LANCASTER, NY 14085			1 ### 81 A 8 A 8 # 62 # 82 # 82 #	IRNA BRAITA BIKOLITZAN KRAKA MENDATAN IRDA :	
DO NOT WRITE IN THIS SPACE			CE	0312200 4. FEI Nu 16-1	03122008 No Chg-P CR2E034 (11/05) 4. FEI Number		
6. Name and Address of Current Registered Agent CORPORATE SERVICE BUREAU INC. 515 EAST PARK AVE. TALLAHASSEE, FL 32301			DO NOT WRITE 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 ownted name of registered agent and title if applicable (NOTE Registered			d Agent signature :	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution			ncing	\$5.00 May Be Added to Fees			
IIILE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND DII CPS NOWAK, MARK 188 ERIE AVE. LANCASTER, NY 14085	RECTORS			0000008 04/02/08-8 NOT WF THIS SP/		
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP							

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:

THLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

716-686-0950