

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005194

FILED
Mar 31, 2006
Secretary of State

Entity Name: POMA GLASS & SPECIALTY WINDOWS, INC.

Current Principal Place of Business:

365 MCCLURG STREET E
BOARDMAN, OH 44513

New Principal Place of Business:

Current Mailing Address:

365 MCCLURG STREET E
BOARDMAN, OH 44513

New Mailing Address:

C/O 2201 WATER RIDGE PARKWAY
SUITE 400
CHARLOTTE, NC 28217

FEI Number: 34-1586638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LITZINGER, JOHN
Address: 1400 LINCOLN STREET
City-St-Zip: KINGSPORT, TN 37660

Title: VP () Delete
Name: STILWELL, JOHN
Address: 1400 LINCOLN STREET
City-St-Zip: KINGSPORT, TN 37660

Title: CFO () Delete
Name: LADD, DORIS
Address: 1400 LINCOLN STREET
City-St-Zip: KINGSPORT, TN 37660

Title: SD () Delete
Name: CORRENTI, CHRISTOPHER F
Address: 1400 LINCOLN STREET
City-St-Zip: KINGSPORT, TN 37660

Title: VP () Delete
Name: DOBIE, ROBERT
Address: 2201 WATER RIDGE PARKWAY
City-St-Zip: CHARLOTTE, NC 28217

Title: GM () Delete
Name: VANCE, GREG
Address: 1400 LINCOLN STREET
City-St-Zip: KINGSPORT, TN 37660

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: DOBIE, ROBERT
Address: 2201 WATER RIDGE PARKWAY, #400
City-St-Zip: CHARLOTTE, NC 28217

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROBERT DOBIE

VP

03/31/2006

Electronic Signature of Signing Officer or Director

_____ Date