

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# G81072

**FILED**  
**Mar 30, 2007**  
**Secretary of State**

**Entity Name:** NATIONAL WINDOW FASHIONS, INC.

**Current Principal Place of Business:**

8710 SEMINOLE BLVD  
SEMINOLE, FL 33772

**New Principal Place of Business:**

**Current Mailing Address:**

8710 SEMINOLE BLVD  
SEMINOLE, FL 33772

**New Mailing Address:**

**FEI Number:** 59-2419409

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULER, TIMOTHY C.  
6220 SEMINOLE BLVD.  
SEMINOLE, FL 33542 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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OLIVER, JAMES III  
Address: 9682 LEEWARD AVE  
City-St-Zip: LARGO, FL 33773

Title: VP ( ) Delete  
Name: OLIVER, JAMES W JR  
Address: 8448 BRENTWOOD RD  
City-St-Zip: SEMINOLE, FL 33777

Title: ST ( ) Delete  
Name: OLIVER, JUDITH M  
Address: 8448 BRENTWOOD RD  
City-St-Zip: SEMINOLE, FL 33777

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: OLIVER, JAMES III  
Address: 9682 LEEWARD AVE  
City-St-Zip: LARGO, FL 33773

Title: VPT (X) Change ( ) Addition  
Name: OLIVER, KATHRYN A  
Address: 9682 LEEWARD AVE  
City-St-Zip: LARGO, FL 33773

Title: S (X) Change ( ) Addition  
Name: OLIVER, JUDITH M  
Address: 8448 BRENTWOOD RD  
City-St-Zip: SEMINOLE, FL 33777

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: TIMOTHY C. SCHULER

RA

03/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date