2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 03, 2005
Secretary of State

DOCUMENT# G98183

Entity Name: WINDOW COVERINGS TO GO, INC.

Current Principal Place of Business:

5967 SOUTH UNIVERSITY DRIVE
DAVIE, FL 33328

New Principal Place of Business:

6730 NW 101 TERRACE
PARKLAND, FL 33076 US

Current Mailing Address:

6730 NW 101 TERRACE
PARKLAND, FL 33076 US

New Mailing Address:

FEI Number: 59-2413639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, MICHAEL B
6730 NW 101 TERRACE
PARKLAND, FL 33076 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: VD ( ) Delete
Name: ABRAMSON, BRUCE M.,
Address: 5967 UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: S ( ) Delete
Name: ABRAMSON, BRUCE M.,
Address: 5967 S UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: T ( ) Delete
Name: BROWN, JUDITH D.,
Address: 5967 S UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: PD (X) Delete
Name: BROWN, MICHAEL B
Address: 6730 NW 101 TERRACE
City-St-Zip: PARKLAND, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BROWN, MICHAEL B
Address: 6730 NW 101 TERRACE
City-St-Zip: PARKLAND, FL 33076 US

Title: VSD (X) Change ( ) Addition
Name: ABRAMSON, BRUCE M
Address: 5967 S UNIVERSITY DRIVE
City-St-Zip: DAVIE, FL 33328 US

Title: T (X) Change ( ) Addition
Name: BROWN, JUDITH D
Address: 6730 NW 101 TERRACE
City-St-Zip: PARKLAND, FL 33076 US

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 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: MICHAEL B BROWN PD 08/03/2005

Electronic Signature of Signing Officer or Director Date