2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2006
Secretary of State

DOCUMENT# H51915

Entity Name: AMERICAN REPLACEMENT WINDOWS, INC.

Current Principal Place of Business:

2633 POWERS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

2633 POWERS AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 59-2066817 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GURR, KEITH A
2745 CHELSEA COVE DRIVE
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

GURR, KEITH A
2633 POWERS AVENUE
JACKSONVILLE, FL 32207 US

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: 01/19/2006
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GURR, KEITH A
Address: 2745 CHELSEA COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: TS ( ) Delete
Name: GURR, VICKI
Address: 2745 CHELSEA COVE DRIVE
City-St-Zip: JACKSONVILLE, FL 32223

Title: M ( ) Delete
Name: RULE, EDWARD L
Address: 7044 OLD MIDDLEBURG RD
City-St-Zip: JACKSONVILLE, FL 32222

Title: M ( ) Delete
Name: RULE, BERNICE
Address: 7044 OLD MIDDLEBURG RD S
City-St-Zip: JACKSONVILLE, FL 32222

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GURR, KEITH A
Address: 2633 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: TS (X) Change ( ) Addition
Name: GURR, VICKI
Address: 2633 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: M (X) Change ( ) Addition
Name: RULE, EDWARD L
Address: 2633 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: M (X) Change ( ) Addition
Name: RULE, BERNICE
Address: 2633 POWERS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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: VICKI GURR T/S 01/19/2006
Electronic Signature of Signing Officer or Director — Date