

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H64760

FILED
Aug 25, 2007
Secretary of State

Entity Name: TOTAL WINDOW, INC.

Current Principal Place of Business:

1855 GRIFFIN ROAD
B-486
DANIA, FL 33004 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 17388
WEST PALM BEACH, FL 334167388 US

New Mailing Address:

FEI Number: 59-2638058 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOLOW, STEPHEN
1562 GOODWOOD TERRACE
WELLINGTON, FL 33414 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: S () Delete
Name: STOLOW, CHERYL,
Address: 1562 GOODWOOD TERRACE
City-St-Zip: WELLINGTON, FL 33414,

Title: P () Delete
Name: STOLOW, STEPHEN,
Address: 1562 GOODWOOD TERRACE
City-St-Zip: WELLINGTON, FL 33414,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify 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: STEPHEN STOLOW

PRES

08/25/2007

_____ Electronic Signature of Signing Officer or Director

_____ Date