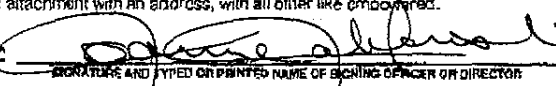


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # H85977 1. Entity Name WINDOW DOCTOR, INCORPORATED		
Principal Place of Business 1133 OLD DIXIE HWY., #7 LAKE PARK, FL 33403-2329	Mailing Address 1133 OLD DIXIE HWY., #7 LAKE PARK, FL 33403-2329	
DO NOT WRITE IN THIS SPACE		
04242006 No Chg-P CR2B034 (11/05)		
4. FEI Number 59-2597762		Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ Signature, typed or printed name of registered agent and State is applicable. (NOTE: Registered Agent signature required when withdrawing.) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JABLONSKI, JOANNE 220 LAKESHORE DR. #2 LAKE PARK, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HOFFMAN, ROBERT D 113 OLD DIXIE HWY. WEST PALM BEACH, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZVP JABLONSKI, WILLIAM J 220 LAKESHORE DR. #2 WEST PALM BEACH, FL 33403	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		4/24/06

U00000528588
05/05/06-80081-025 150.00