2008 FOR PROFIT CORPORATION

FILED **ANNUAL REPORT** Feb 11, 2008 08:00 A Secretary of State DOCUMENT # J80352 1. Entity Name WALT'S WINDOW REPAIR AND SCREENING, INC. Principal Place of Business Mailing Address 926 CLINT MOORE ROAD 926 CLINT MOORE ROAD BOCA RATON, FL 33487-2801 US BOCA RATON, FL 33487-2801 US No Chg-P CR2E034 (11/05) 02072008 DOMOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2837967 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MATHERIC, WALTER, JR. 926 CLINT MOORE ROAD BOCA RATON, FL 33487 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 title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MATHERIC, WALTER, JR. NAME 926 CLINT MOORE RD STREET ADDRESS BOCA RATON, FL CITY-ST-7iP TITLE MATHERIC, BARBARA A. NAME STREET ADDRESS 926 CLINT MOORE RD BOCA RATON, FL CITY-ST-70P TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 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 eath; 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 it changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP