2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2008 08:00 A Secretary of State

ANNOAL REPORT		
DOCUMENT # L22446 1. Entity Name ALBRIGHT WINDOW TINTING, INC.		
Principal Place of Business 3300 MORRIS ST. NO ST. PETERSBURG, FL 33713 US	Mailing Address P.O. BOX 48782 ST. PETERSBURG, FL 33743	-8782 US

03132008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2979331 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ALBRIGHT, TAMARA M DO NOT WRITE 5516 63RD WAY N ST. PETERSBURG, FL 33709 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 tide if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be 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 ALBRIGHT, TAMARA M NAME 5516 63RD WAY N STREET ADDRESS 000008866225 04/08/08-80021-006 150.00 ST PETERSBURG, FL CITY-ST-ZIP TITLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CHY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED HARE OF SIGNING OFFICER OR DIRECTOR Date Date