2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 26, 2006 08:00 AM Secretary of State **DOCUMENT # M78223** 1. Entity Name WINDOW TINT U.S.A., INC. Principal Place of Business Mailing Address 1975 NW 18TH ST 1975 NW 18TH ST POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 US 04112006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0047715 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LUCK, JAMES DO NOT WRITE 15455 MEADOW WOOD DR WELLINGTON, FL 33414 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 tamiliar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) U00000535912 05/08/06-80072**-**007 **150.00** 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LUCK, JAMES NAME 15455 MEADOW WOOD DR STREET ADDRESS CITY-ST-ZIP WELLINGTON, FL 33414 MILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing obes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the Information Indicated on this report or suppliemental 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 empoweres 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 place like empowered.

SIGNATURE:

Cary-ST-ZIP TITLE NAME STREET ADDRESS C) TY - ST - ZIP

SIGNATURE AND TYPE

FILED