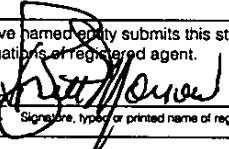


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90203 005 ***150.00

DOCUMENT # P00000001607 1. Entity Name ABSOLUTE WINDOW & SHUTTER, INC.																											
Principal Place of Business 139 JAMES ST. VENICE, FL 34285		Mailing Address 139 JAMES ST VENICE, FL 34292																									
2. Principal Place of Business 210 CENTER COURT Suite, Apt. #, etc.		3. Mailing Address 210 CENTER COURT Suite, Apt. #, etc.																									
City & State VENICE, FLORIDA Zip 34285 Country		City & State VENICE, FLORIDA Zip 34285 Country																									
4. FEI Number 65-0973466		Applied For ☐ Not Applicable																									
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent MORROW, BRETT 139 JAMES ST VENICE, FL 34292		7. Name and Address of New Registered Agent Name MORROW, BRETT Street Address (P.O. Box Number is Not Acceptable) 210 CENTER COURT City VENICE FL Zip Code 34285																									
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  BRETT A. MORROW DATE 4/27/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">☐ Delete</td> </tr> <tr> <td>NAME</td> <td>P MORROW, BRETT A</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>7577 PALMER GLEN CIRCLE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34240</td> <td></td> </tr> </table>		TITLE	NAME	☐ Delete	NAME	P MORROW, BRETT A		STREET ADDRESS	7577 PALMER GLEN CIRCLE		CITY-ST-ZIP	SARASOTA, FL 34240		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">TITLE</td> <td style="width:65%;">NAME</td> <td style="width:20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td>VP DESJARDINS, DALE E. JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1220 OGDEN ROAD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>VENICE, FLORIDA 34292</td> <td></td> </tr> </table>		TITLE	NAME	☐ Change ☐ Addition	NAME	VP DESJARDINS, DALE E. JR		STREET ADDRESS	1220 OGDEN ROAD		CITY-ST-ZIP	VENICE, FLORIDA 34292	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  BRETT A. MORROW DATE 4/27/05 (941) 485-7774 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																											