2004 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT **FILED** Mar 15, 2004 08:00 AM Secretary of State **DOCUMENT # P00000066062** 1. Entity Name EMPIRE WINDOW INC. Principal Place of Business Mailing Address 1210 E 29TH STREET P 0 BOX 471025 SANFORD, FL 32773 LAKE MONROE, FL 32747-1025 No Chg-P 01172004 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3657851 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BRADEN, KIP DO NOT WRITE 1200 SARATOGA LANE GENEVA, FL 32732-9492 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 U000000089610 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 03/15/04-80099-007 158.75 OFFICERS AND DIRECTORS 10. VT TITLE BRADEN, KIP NAME STREET ADDRESS 1200 SARATOGA LANE CITY-ST-ZIP GENEVA, FL 327329492 PS TITLE NAME BRADEN, CINDY STREET ADDRESS 1200 SARATOGA LANE CITY-ST-ZIP GENEVA, FL 327329492 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with the 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 perfort 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 true ee 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:

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/04 Date 407-323-5900 Daytima Phone #