


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90376 025 ***150.00

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| DOCUMENT # P00000072169 |  |
| 1. Entity Name WINDOW INSIGHTS OF THE TREASURE COAST, INC. | |

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| Principal Place of Business 1702 SW MOCKINGBIRD DRIVE PORT ST. LUCIE, FL 34986 | Mailing Address 1702 SW MOCKINGBIRD DRIVE PORT ST. LUCIE, FL 34986 |
|--|--|

DO NOT WRITE IN THIS SPACE

40034554



01222007 No Chg-P CR2E034 (11/05)

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| 4. FEI Number 65-1030357 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

6. Name and Address of Current Registered Agent

**EGGELING, KAREN
1702 SW MOCKINGBIRD DR.
PT. ST. LUCIE, FL 34986**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

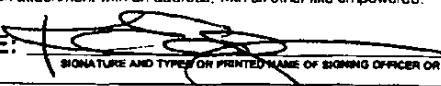
| | |
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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P EGGELING, KAREN 1702 SW MOCKINGBIRD DR. PORT ST. LUCIE, FL 34986 |
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12. 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 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:  **2/2/07 772 359-2797**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____