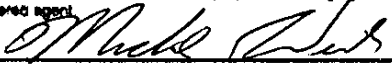
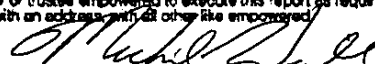


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90282 045 ***150.00

DOCUMENT # P0000079165					
1. Entity Name WIZARD OF WINDOWS INC.					
Principal Place of Business 8522 S.W. 159TH AVENUE MIAMI, FL 33193			Mailing Address 8522 S.W. 159TH AVENUE MIAMI, FL 33193		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-1033509	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				86.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEIHL, MICHAEL 8522 S.W. 159TH AVENUE MIAMI, FL 33193			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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  4-22-05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WEIHL, MICHAEL 8522 S.W. 159TH AVENUE MIAMI, FL 33193	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSTD	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(3)(c), 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11.					
SIGNATURE:  4-22-05 305-232-3507					
Signature and typed or printed name of business officer or director					