2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P00000116538

Entity Name: WILSON'S WINDOW TINTING, INC.

Current Principal Place of Business:

1880 NW 54 AVE
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

2465 NW 79 TERR
MARGATE, FL 33063

New Mailing Address:

FEI Number: 65-1074360 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WILSON, MICHAEL
2465 NW 79TH TERR.
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	P	( ) Delete
Name:	WILSON, MICHAEL T	
Address:	2465 NW 79 TERR	
City-St-Zip:	MARGATE, FL 33063	
Title:	VP	( ) Delete
Name:	WILSON, MICHAEL	
Address:	2465 NW 79TH TERR.	
City-St-Zip:	MARGATE, FL 33063	
Title:	T	( ) Delete
Name:	WILSON, MICHAEL	
Address:	2465 NW 79TH TERR	
City-St-Zip:	MARGATE, FL 33063	
Title:	VPD	( ) Delete
Name:	BASTO, JOSEPH T JR	
Address:	11806 NW 32ND CT.	
City-St-Zip:	CORAL SPRINGS, FL 33063	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL WILSON PRES 04/23/2009

Electronic Signature of Signing Officer or Director — Date