

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P01000038690

1. Entity Name
IMAGES WINDOWS & DOORS CORP.



**FILED
May 04, 2006 8:00 am
Secretary of State**

05-04-2006 90253 002 ***150.00

Principal Place of Business
1688 SW 22ND STREET
MIAMI, FL 33145

Mailing Address
1688 SW 22ND STREET
MIAMI, FL 33145

2. Principal Place of Business
1688 SW 22 st
Suite, Apt. #, etc.

3. Mailing Address
1688 SW 22 st
Suite, Apt. #, etc.

City & State
Miami, FL 33145
Zip 33145 Country

City & State
Miami, FL
Zip 33145 Country

4. FEI Number
65-1096721

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MELO, JOHNNY A
1688 SW 22ND STREET
MIAMI, FL 33145

Name Melo, Johnny A.

Street Address (P.O. Box Number is Not Acceptable)
5014 SW 134 CT

City Miami FL Zip Code 33175

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	PVS MELO, JOHNNY A. 9974 SW 152-TERRAGE MIAMI, FL 33157	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVS Melo, Johnny A. 5014 SW 134 CT Miami, FL 33175	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/06

Date

Daytime Phone #