


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 16, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000041328 1. Entity Name KITCHEN AND WINDOW DESIGN CENTER, INC.	
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Principal Place of Business 6260 COLAN PL. SUITE A SARASOTA, FL 34240	Mailing Address 6260 COLAN PL. SUITE A SARASOTA, FL 34240
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08082006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1094487	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MOORE, JOHN L
200 SOUTH ORANGE AVENUE
SARASOTA, FL 34236

**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 _____

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
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS STREBECK, SHERRY 6260 COLAN PL. SUITE A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKICH, RAY 6260 COLAN PL. SUITE A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STREBECK, MARK 6260 COLAN PL. SUITE A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKICH, TRACY 6260 COLAN PL. SUITE A SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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08/16/06-80001-009 150.00

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IN THIS SPACE**

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 an officer or director empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Daytime Phone #

8-14-06 941.371-2933