

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000072533

FILED
Jul 12, 2005
Secretary of State

Entity Name: RESORT WINDOW TREATMENTS, INC.

Current Principal Place of Business:

15824 U.S. HWY 301
DADE CITY, FL 33523

New Principal Place of Business:

20719 U.S. HWY 301
DADE CITY, FL 33523

Current Mailing Address:

15824 U.S. HWY 301
DADE CITY, FL 33523

New Mailing Address:

20719 U.S. HWY 301
DADE CITY, FL 33523

FEI Number: 59-3735363

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADFORD, STEVE
15824 U.S. HWY 301
DADE CITY, FL 33523 US

Name and Address of New Registered Agent:

BRADFORD, STEVE
20719 U.S. HWY 301
DADE CITY, FL 33523 US

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:

07/12/2005

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BRADFORD, NANCY
Address: 4644 CREEK MRADOW TR
City-St-Zip: LAKE LAND, FL 33810

Title: V () Delete
Name: BRADFORD, STEVE
Address: 4644 CREEK MEADOW TR
City-St-Zip: LAKE LAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BRADFORD, NANCY
Address: 37306 CORTOW WAY
City-St-Zip: DADE CITY, FL 33523

Title: V (X) Change () Addition
Name: BRADFORD, STEVE
Address: 37306 CORTOW WAY
City-St-Zip: DADE CITY, FL 33523

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: NANCY BRADFORD

PRES

07/12/2005

Electronic Signature of Signing Officer or Director

Date