

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000101452

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: ARTISTIC WINDOWS & INTERIORS, INC.

## Current Principal Place of Business:

8815 MITCHELL BOULEVARD  
TRINITY, FL 34655

## New Principal Place of Business:

4636 GLISSADE DR  
NEW PORT RICHEY, FL 34652

## Current Mailing Address:

8815 MITCHELL BOULEVARD  
TRINITY, FL 34655

## New Mailing Address:

4636 GLISSADE DRIVE  
NEW PORT RICHEY, FL 34652

FEI Number: 59-3751237

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PTD ( ) Delete  
Name: HOOLIHAN, DIANE  
Address: 8815 MITCHELL BOULEVARD  
City-St-Zip: TRINITY, FL 34655

Title: SVD ( ) Delete  
Name: HOOLIHAN, ROBERT  
Address: 8815 MITCHELL BOULEVARD  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change ( ) Addition  
Name: HOOLIHAN, DIANE  
Address: 4636 GLISSADE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: SVD (X) Change ( ) Addition  
Name: HOOLIHAN, ROBERT  
Address: 4636 GLISSADE DR.  
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE M. HOOLIHAN

PTD

04/05/2006

Electronic Signature of Signing Officer or Director

Date