2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000115299

City-St-Zip:

BONITA SPRINGS, FL 34135

FILED Aug 03, 2006 Secretary of State

| Entity Name: CANTERA DOORS FLORIDA, INC. | | | | | |
|---|-----------------------------------|---|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| SUITE 8 | ENWOOD DF PRINGS, FL | | | | |
| Current M | ailing Addre | ess: | New Mailing Addres | New Mailing Address: | |
| 3698 RR 6 SUITE 102 AUSTIN, T | | | | | |
| FEI Number: | 74-3024436 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired (X) | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| MURPHY, AMY 25241 BERNWOOD DRIVE SUITE 8 BONITA SPRINGS, FL 34135 US | | | 25241 BERŃWOOD SUITE 8 | QUINONEZ, JEANNETTE 25241 BERNWOOD DRIVE SUITE 8 BONITA SPRINGS, FL 34135 US | |
| | named entity of Florida. | submits this statement for the pu | urpose of changing its register | ed office or registered agent, or both, | |
| SIGNATURE: JEANNETTE QUINONEZ | | | | 08/03/2006 | |
| Electronic Signature of Registered Agent | | | nt | Date | |
| | | 93(2)(b), F.S., the corporation did not ng Trust Fund Contribution (). | receive the prior notice. | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | TREVINO, MÀ 25241 BERNV |) Delete URICIO VOOD DR., SUITE 8 NGS, FL 34135 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | TREVINO, LAU 25241 BERNV | | Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Title: Name: Address: | S (. MURPHY, AM 25241 BERNV | | Title: Name: Address: | () Change () Addition | |

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.

City-St-Zip:

SIGNATURE: JEANNETTE QUINONEZ 08/03/2006 Μ