2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2008 8:00 am
Secretary of State
02-27-2008 90003 004 ***150.00

DOCUMENT # P02000021270

1. Entity Name
NEW IMAGE WINDOW & DOORS INC

Principal Place of Business	Mailing Address
14131 TILDEN RD WINTER GARDEN, FL 34787	14131 TILDEN RD WINTER GARDEN, FL 34787

02082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
2582 So Macguire Rd	2582 So Macguire Rd
Suite, Apt. #, etc.: 381	Suite, Apt. #, etc.: Sute 381
City & State: Ocoee Fl	City & State: Ocoee Fl
Zip: 34761 Country: Orange	Zip: 34761 Country: Orange

4. FEI Number: 59-3227577 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FOLSOM, KENNETH
14131 TILDEN RD
WINTER GARDEN, FL 34787

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 2582 So Macguire Rd
Sute 381
City: Ocoee FL Zip Code: 34761

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: Kenneth Folsom DATE: 2-28-08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	PS ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FOLSOM, KENNETH M	NAME	
STREET ADDRESS	14131 TILDEN RD	STREET ADDRESS	2582 So Macguire Rd #381
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	Ocoee FL 34761
TITLE	VP ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	STEMERMAN, MARK	NAME	
STREET ADDRESS	347 OSPREY LAKES CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	CHULUOTA, FL 32733	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE: Kenneth Folsom Kenneth Folsom 2-25-08 321-263-5732
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #