

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2007 8:00 am**  
**Secretary of State**

01-10-2007 90047 016 \*\*\*150.00

<b>DOCUMENT # P02000043435</b>	
1. Entity Name <b>TRI-COUNTY WINDOW TREATMENT INSTALLATIONS, INC.</b>	

Principal Place of Business <b>1801 BRANTLEY RD 713 FORT MYERS, FL 33907</b>	Mailing Address <b>1801 BRANTLEY RD 713 FORT MYERS, FL 33907</b>
---	---

2. Principal Place of Business - No P.O. Box # <b>7247 ALBANY RD</b>	3. Mailing Address <b>7247 ALBANY RD</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>FT MYERS, FL</b>	City & State <b>FT MYERS, FL</b>
Zip <b>33967</b>	Country <b>USA</b>
Zip <b>33967</b>	Country <b>USA</b>



01042007 Chg-P CR2E034 (12/06)

4. FEI Number <b>68-0499782</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>BRANT, ANGELA C 3612 PINE OAK CIRCLE 102 FORT MYERS, FL 33916</b>	7. Name and Address of New Registered Agent Name <b>JESSICA N GABALDON</b> Street Address (P.O. Box Number is Not Acceptable) <b>7247 ALBANY RD</b> City <b>FORT MYERS</b> <b>FL</b> Zip Code <b>33967</b>
---	--

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: Jessica Gabaldon, vice president DATE: 1/5/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P GABALDON, CANDELARIO A 1801 BRANTLEY RD #713 FORT MYERS, FL 33907</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Candelario Alex Gabaldon DATE: 1/5/07 (239) 292-9604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR