2006 FOR PROFIT CORPORATION

Mar 20, 2006 08:00 AM **ANNUAL REPORT Secretary of State DOCUMENT # P02000067515** ALWAYS COOL WINDOW TINTING, INC. Principal Place of Business - Mailing Address 887 CARLYLE AVENUE, SE 887 CARLYLE AVENUE, SE PALM BAY, FL 32909 PALM BAY, FL 32909 CR2E034 (11/05) 01182006 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3683938 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent SANCHEE, WILLIAM DO NOT WRITE 887 CARLYLE AVENUE, SE PALM BAY, FL 32909 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered egent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE_ (NOTE: Registered Agent signature required when rematating) Signature, typed or printed name of registered agent and title it applicable. tt00000474915 04/<u>04</u>/06-80042-017 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SANCHEZ, WILLIAM NAME 887 CARLYLE AVENUE, SE STREET ADDRESS PALM BAY, FL 32909 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-51-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIF TITLE NAME

12. I hereby certify that the information supplied with this filling 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 cath; 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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

IN SO NAME OF SIGNING OFFICER OR DIRECTOR

FILED