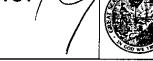
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR

DOCUMENT # 1. Entity Name

P02000093197

AFFORDABLE WINDOW TREATMENTS, INC.



Principal Place of Business

1707 1ST STREET EAST UNIT 104 **BRADENTON FL 34208**

Mailing Address

1707 1ST STREET EAST UNIT 104

BRADENTON FL 34208

_								
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES			
City & State		City & State		4.	56-1648446	Applied For Not Applicable		
Zip	Country	Zip	Country		5.	5. Certificate of Status Desired		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
COLINNEMAN, JOHN A III				Name				
1707 1ST STREET EAST UNIT 104				Street Address (P.O. Box Number is Not Acceptable)				
BRADENTON FL 34208								
* **				City		FL	Zip Code	
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								
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State						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			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1	-		☐ Change ☐ Addition	

☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME

TITLE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE

FILED

Sep 10, 2003 8:00 am Secretary of State

09-10-2003 90066 034 ***150.00

Addition

Affachment

\$0146467 \$PO200093197