

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000107217

FILED
Sep 05, 2006
Secretary of State

Entity Name: WILLIAMS WINDOW TREATMENTS, INC.

Current Principal Place of Business:

921 BROADWAY
DUNEDIN, FL 34698

New Principal Place of Business:

929 BROADWAY
DUNEDIN, FL 34698

Current Mailing Address:

921 BROADWAY
DUNEDIN, FL 34698

New Mailing Address:

929 BROADWAY
DUNEDIN, FL 34698

FEI Number: 03-0485559

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, PAMELA J
695 BAYSIDE DR
TAMPA, FL 34689 US

Name and Address of New Registered Agent:

WILLIAMS, PAMELA J
695 BAYSIDE DR
TARPON SPRINGS, FL 34689 US

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.

SIGNATURE: PAMELA J. WILLIAMS

09/05/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WILLIAMS, PAMELA J
Address: 921 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: VD () Delete
Name: WILLIAMS, ROBERT S
Address: 921 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: STD () Delete
Name: WILLIAMS, TIFFANY
Address: 921 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: WILLIAMS, PAMELA J
Address: 929 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: VD (X) Change () Addition
Name: WILLIAMS, ROBERT S
Address: 929 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

Title: STD (X) Change () Addition
Name: WILLIAMS, TIFFANY
Address: 929 BROADWAY
City-St-Zip: DUNEDIN, FL 34698

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.

SIGNATURE: PAMELA J. WILLIAMS

PD

09/05/2006

Electronic Signature of Signing Officer or Director

Date