2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Nov 16, 2004
Secretary of State

DOCUMENT# P03000024376

Entity Name: WINDOW GRAPHICS, INC.

Current Principal Place of Business:

4428 HUCKLE BERRY LANE
SOUTHPORT, FL 32409

New Principal Place of Business:

2301 W. 15TH STREET
PANAMA CITY, FL 32401

Current Mailing Address:

4428 HUCKLE BERRY LANE
SOUTHPORT, FL 32409

New Mailing Address:

2301 W. 15TH STREET
PANAMA CITY, FL 32401

FEI Number: 59-3349945 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITS, STAN MICHAEL `
4428 HUCKLE BERRY LANE
SOUTHPORT, FL 32409 US

Name and Address of New Registered Agent:

SMITS, SEAN M
4428 HUCKLE BERRY LANE
SOUTHPORT, FL 32409 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: SEAN M SMITS 11/16/2004
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: D ( ) Delete
Name: SMITS, SEAN MICHAEL
Address: 4428 HUCKLE BERRY LANE
City-St-Zip: SOUTHPORT, FL 32409

Title: D ( ) Delete
Name: SCHROEDER, CHERYL A
Address: 3341 HWY 389 `
City-St-Zip: PANAMA CITY, FL 32405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: SMITS, SEAN M
Address: 4428 HUCKLE BERRY LANE
City-St-Zip: SOUTHPORT, FL 32409

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CHERYL A SCHROEDER D 11/16/2004
Electronic Signature of Signing Officer or Director Date