

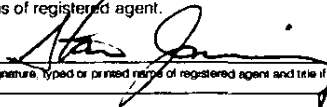
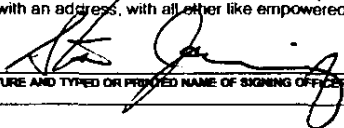


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-28-2008 90031 034 \*\*\*150.00

<b>DOCUMENT # P03000062071</b> 1. Entity Name <b>DIRECT IMPACT WINDOWS, INC.</b>					
Principal Place of Business <b>1405 N. CONGRESS AVE. SUITE #1 DELRAY BEACH, FL 33445</b>			Mailing Address <b>1405 N. CONGRESS AVE SUITE #1 DELRAY BEACH, FL 33445</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.  City & State  Zip      Country		3. Mailing Address  Suite, Apt. #, etc.  City & State  Zip      Country		<div style="text-align: right; font-size: 1.2em; font-weight: bold;">40053491</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <span>03202008    Chg-P    CR2E034 (12/06)</span> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             4. FEI Number  <b>37-1483152</b> </div> <div> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable           </div> </div> <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> <div>             5. Certificate of Status Desired    <input type="checkbox"/> </div> <div> <b>\$8.75</b> Additional Fee Required           </div> </div>	
6. Name and Address of Current Registered Agent  <b>JANNINGS, STANLEY R 1405 N. CONGRESS AVE. SUITE #1 DELRAY BEACH, FL 33445</b>				7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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:  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reissuing) <div style="text-align: right;"> <b>3-14-08</b>  <small>DATE</small> </div>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JANNINGS, BRIAN R 2255 LINDELL BLVD. #4509 DELRAY BEACH, FL 33444</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>JANNINGS, STAN 1405 N. CONGRESS AVE #1 DELRAY BEACH FL 33445</b>	
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	
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<div style="text-align: right;"> <b>3-14-08</b>  <small>DATE</small> </div> <div style="text-align: right;"> <small>Daytime Phone #</small> </div>			