2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P03000068827 1. Entity Name AB WINDOWS & DOORS, INC. Mailing Address Principal Place of Business 3202 BANYAN HILL LN 3202 BANYAN HILL LN LAND O' LAKES, FL 34639 LAND O' LAKES, FL 34639 01062005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 04-3763524 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BURBAGE, BETTY DO NOT WRITE 3202 BANYAN HILL LN LAND O' LAKES, FL 34639 IN THIS SPACE 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. NAME BURBAGE, ANDREW S U00000214343 02/04/05-80008-017 150.00 STREET ADDRESS 3202 BANYAN HILL LN CITY-ST-ZIP LAND O' LAKES, FL 34639 TITLE NAME BURBAGE, BETTY STREET ADDRESS 3202 BANYAN HILL LN LAND O' LAKES, FL 34639 CITY-ST-ZIP TITLE NAME

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

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTER NAME OF SIGNING OFF

Audrew S. Burhage 1-31-05

DO NOT WRITE

IN THIS SPACE

813.929.0244

Daytime Phone #

FILED

Feb 04, 2005 08:00 AM