.2008 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 13, 2008 08:00 AM **DOCUMENT # P03000068827 Secretary of State** 1. Entity Name AB WINDOWS & DOORS, INC. Principal Place of Business Mailing Address 3202 BANYAN HILL LN 3202 BANYAN HILL LN LAND O' LAKES, FL 34639 LAND 0' LAKES, FL 34639 No Chg-P CR2E034 (11/05) 02032008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Not Applicable 04-3763524 \$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. DATE (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, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE D BURBAGE, ANDREW S NAME 3202 BANYAN HILL LN STREET ADDRESS CITY-ST-ZIP LAND O' LAKES, FL 34639 TITLE BURBAGE, BETTY U00000825293 02/21/08-80004-001 150.00 NAME STREET ADDRESS 3202 BANYAN HILL LN CITY-ST-ZIP LAND O' LAKES, FL 34639 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

Betty O Guler Director

10/08 813-929-024

FILED