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PAT DUGA

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90258 043 \*\*\*158.75

**2008 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                |                                                                                                                                  |                                                                   |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>DOCUMENT # P03000083076</b><br>1. Entity Name<br><b>FAYE'S DRAPERIES &amp; WINDOW TREATMENTS, INC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                |                                                                                                                                  |                                                                   |
| Principal Place of Business<br><b>306 BARTOW MUNICIPAL AIRPORT<br/>         BARTOW, FL 33830</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                | Mailing Address<br><b>306 BARTOW MUNICIPAL AIRPORT<br/>         BARTOW, FL 33830</b>                                             |                                                                   |
| 2. Principal Place of Business No. P.O. Box #<br><b>780 West Main Street</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                | 3. Mailing Address<br><b>780 West Main Street</b>                                                                                |                                                                   |
| Suite, Apt. #, etc.<br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                | Suite, Apt. #, etc.<br>                                                                                                          |                                                                   |
| City & State<br><b>Bartow, FL</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                | City & State<br><b>Bartow, FL</b>                                                                                                |                                                                   |
| Zip<br><b>33830</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                | Zip<br><b>33830</b>                                                                                                              |                                                                   |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                | Country<br>                                                                                                                      |                                                                   |
| 4. FEI Number<br><b>01-0794500</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                | Applied For<br><input type="checkbox"/> Not Applicable                                                                           |                                                                   |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 05012008 Chg-P CR2E034 (12/06)                                                                                                   |                                                                   |
| 6. Name and Address of Current Registered Agent<br><b>BYRD, WINDELON F<br/>         815 W. STUART STREET<br/>         BARTOW, FL 33830</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL 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 _____ (NOTE: Registered Agent signature required when registering)<br><small>Signature typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                |                                                                                                                                  |                                                                   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>         After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees           |                                                                   |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                            |                                                                   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | P BYRD, WINDELON F<br>815 W. STUART STREET<br>BARTOW, FL 33830 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY, ST, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <input type="checkbox"/> Delete                                | TITLE<br>NAME<br>STREET ADDRESS<br>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 807, 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 <u>Windelon F Byrd</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                | 5-1-08 863-519-5919                                                                                                              |                                                                   |