2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM Secretary of State **DOCUMENT # P03000121495** LOU BATELLI WINDOWS & DOORS, INC. Principal Place of Business Mailing Address 224 SABAL LAKE DRIVE 224 SABAL LAKE DRIVE NAPLES, FL 34104 NAPLES, FL 34104 No Chg-P 03302007 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-2133161 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent MACIA, ALBERTO A DO NOT WRITE 3033 RIVIERA DR STE 201 NAPLES, FL 34103 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 rame of registered agent and title if applicable (NOTE: Registered Agent aigneture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 1S \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME BATELLI, LOUIS E STREET ADDRESS 224 SABAL LAKE DR C/TY-ST-ZIP NAPLES, FL 34104 VSTD TITLE BATELLI, NANCY L NAME U000000684890 STREET ADDRESS 224 SABAL LAKE DR 04/06/07-80051-008 150.(b) CITY-ST-7IP NAPLES, FL 34104 TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

FILED

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:

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

Luis E Retter LOUIS E BATELLE 3/26/07 239 350 8430