

**ORIGINAL****2007 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 02, 2007 08:00 A**  
**Secretary of State****DOCUMENT # P03000144317**1. Entity Name  
NU-VIEW WINDOW CLEANING, INC.Principal Place of Business  
4431 NW 9TH COURT  
COCONUT CREEK, FL 33066Mailing Address  
4431 NW 9TH COURT  
COCONUT CREEK, FL 33066

04232007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
20-0601139Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

TRICK, WILLIAM W JR.  
1216 EAST ATLANTIC BLVD.  
SUITE 7  
POMPANO BEACH, FL 33060**DO NOT WRITE  
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)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to FeesU000000754262  
05/22/07-80053-025 150.00

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
D, P  
MOORTGAT, PETE  
STREET ADDRESS  
4431 NW 9TH COURT  
CITY-ST-ZIP  
COCONUT CREEK, FL 33066TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #