

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000148468

Entity Name: ALLIANCE WINDOW, INC.

FILED  
Apr 27, 2006  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 4470  
HOMOSASSA SPRINGS, FL 34447 US

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 4470  
HOMOSASSA SPRINGS, FL 34447 US

## New Mailing Address:

FEI Number: 03-0533451

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH & COMPANY CPAS  
2450 N. CITRUS HILLS BLVD.  
HERNANDO SPRINGS, FL 34442 US

## Name and Address of New Registered Agent:

SMITH, DAVID A PRES.  
8984 W. RIVERGLEN CT.  
HOMOSASSA, FL 34448 US

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.

SIGNATURE: DAVID A. SMITH

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SMITH, DAVID  
Address: 8984 W. RIVER GLEN COURT  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: VP ( ) Delete  
Name: SMITH, CHARLOTTE  
Address: 8984 W. RIVER GLEN COURT  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: S ( ) Delete  
Name: SMITH, CHARLOTTE  
Address: 8984 W. RIVER GLEN COURT  
City-St-Zip: HOMOSASSA, FL 34448 US

Title: T ( ) Delete  
Name: SMITH, DAVID  
Address: 8984 W. RIVER GLEN COURT  
City-St-Zip: HOMOSASSA, FL 34448 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE SMITH

VP

04/27/2006

Electronic Signature of Signing Officer or Director

Date