


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000153940		
1. Entity Name EDY'S WINDOWS CLEANING & SERVICES, INC.		

FILED

05 OCT 20 PM 8:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 1505 SUNSET VIEW CIRCLE APOPKA, FL 32703	Mailing Address 1505 SUNSET VIEW CIRCLE APOPKA, FL 32703
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



REINSTATEMENT 2005

4. FET Number 20-0504329	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent CANAHUATE, EDDY M 1505 SUNSET VIEW CIRCLE APOPKA, FL 32703	7. Name and Address of New Registered Agent Name <u>Edy CANAHUATE</u> Street Address <u>1505 SUNSET VIEW CIRCLE</u> City <u>APOPKA</u> FL <u>32703</u>
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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 _____	DATE <u>10-17-05</u>
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FILE NOW!!! FEE IS \$750.00
After January 1, 2006, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CANAHUATE, EDY 1505 SUNSET VIEW CIRCLE APOPKA, FL 32703 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <u>900060820609</u> <u>10/20/05--01042--017</u> <u>**758.75</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANAHUATE, EDDY M 1505 SUNSET VIEW CIRCLE APOPKA, FL 32703 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CARRERO, JUDIT E 2334 S CONWAY RD APT-I ORLANDO, FL 32812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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 exemption stated in Section 119.07(3)(i), 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: <u>[Signature]</u>	DATE <u>10-17-2005</u>
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