


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

6/ FILED  
Jun 21, 2005 8:00 am  
Secretary of State

06-09-2005 90002 031 \*\*\*158.75

<b>DOCUMENT # P03000156104</b>			
1. Entity Name <b>EXTREME WINDOWS &amp; DOORS, INC.</b>			
Principal Place of Business <b>914 HARVERHILL ROAD WEST PALM BEACH, FL 33415</b>		Mailing Address <b>914 HARVERHILL ROAD WEST PALM BEACH, FL 33415</b>	
2. Principal Place of Business <b>348 SHADY LANE RD</b>		3. Mailing Address <b>348 SHADY LANE RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <b>LAKE WORTH, FL</b>		City & State <b>LAKE WORTH, FL</b>	
Zip <b>33461</b>	Country <b>U.S.A.</b>	Zip <b>33461</b>	Country <b>U.S.A.</b>
4. FEI Number <b>20-0519105</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>BRUZON, RUBEN 914 HARVERHILL ROAD WEST PALM BEACH, FL 33415</b>		7. Name and Address of New Registered Agent Name <b>BRUZON, RUBEN</b> Street Address (P.O. Box Number is Not Acceptable) <b>348 SHADY LANE RD</b> City <b>LAKE WORTH, FL</b> Zip Code <b>33461</b>	
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: <u>RUBEN BRUZON- PRESIDENT</u> DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUZON, RUBEN 914 HARVERHILL ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRUZON, RUBEN 348 SHADY LANE RD LAKE WORTH, FL 33461 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMAYD, ALIUSKA 914 HARVERHILL ROAD WEST PALM BEACH, FL 33415 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CAMAYD, ALIUSKA 348 SHADY LANE RD LAKE WORTH, FL 33461 <input checked="" 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
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>RUBEN BRUZON- PRESIDENT</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		6/15/05. (561)434-0325 <small>Date Daytime Phone #</small>	