2007 FOR PROFIT CORPORATION ANNUAL REPORT FILED Apr 16, 2007 08:00 AM DOCUMENT # P04000026932 **Secretary of State** WINDOWS & WALLS BY JUDY, INC. Principal Place of Business Mailing Address 5358 FLORENCE POINT DRIVE 5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034 FERNANDINA BEACH, FL 32034 04112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0712870 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCELWAIN, JUDY DO NOT WRITE 5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034 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) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE MCELWAIN, JUDY NAME STREET ADDRESS 5358 FLORENCE POINT DRIVE FERNANDINA BEACH, FL 32034 U00000707586 04/24/07-80081-012 150.00 CITY-ST-7JP TITLE NAME MCELWAIN, TIMOTHY M STREET ADDRESS 5358 FLORENCE PT DR CITY-ST-ZIP FERNANDINA BEACH, FL 32034 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE 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.

CICNATIDE.

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

dy-Mc Elwain Judy Mc Elwain 4-11-07 904-277-8263