~2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Leads Ming

Secretary of State DOCUMENT # P04000068154 02-17-2006 90087 029 ***150.00 1. Entity Name WINDOWS MASTERS, INC. Principal Place of Business Mailing Address 722 MYRTLE COVE COURT 722 MYRTLE COVE COURT **ORLANDO FL 32825** ORLANDO FL 32825 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number City & State Applied For 20-1053043 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERARDO NUNEZ, GERARDO Street Add 868 JAŔNAC DRIVE KISSIMMEE FL 34759 City 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. Lam familiar with, and accept the obligations of registered agent. 2000 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE DPST TITLE Change ☐ Delete ☐ Addition NU NEZ, gerardo 122 myr He Con CI #104 Orlando, Fl 32825 NAME NUNEZ, GERARDO NAME STREET ADDRESS STREET ADDRESS 868 JARNAC DRIVE CITY-ST-ZIP KISSIMMEE FL 34759 CITY-ST-ZIP Delete Change ☐ Addition NUNEZ, GERARDO 722 My HeCone CH #104 NAME NUNEZ, GERALDO NAME STREET ADDRESS 868 JARNAC DRIVE STREET ADDRESS ORIANDO F1 32825 CITY-ST-ZIP KISSIMMEE FL 34759 CHY-ST-ZIP ☐ Delete Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP THE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED

Feb 17, 2006 8:00 am

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