

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000076095

FILED  
Apr 24, 2005  
Secretary of State

Entity Name: ALL STYLE WINDOW FASHIONS, INC.

## Current Principal Place of Business:

508 WEST VALLEY DR  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

4583 KEY LARGO LANE  
BONITA SPRINGS, FL 34134

## Current Mailing Address:

508 WEST VALLEY DR  
BONITA SPRINGS, FL 34134

## New Mailing Address:

4583 KEY LARGO LANE  
BONITA SPRINGS, FL 34134

FEI Number: 51-0509411

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

KALISIK, CAROLE  
508 WEST VALLEY DR  
BONITA SPRINGS, FL 34134 US

## Name and Address of New Registered Agent:

KALISIK, CAROLE  
4583 KEY LARGO LANE  
BONITA SPRINGS, FL 34134 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:

04/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: KALISIK, CAROLE  
Address: 508 WEST VALLEY DR  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V ( ) Delete  
Name: KALISIK, JOHN  
Address: 508 WEST VALLEY DR  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KALISIK, CAROLE  
Address: 4583 KEY LARGO LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: V (X) Change ( ) Addition  
Name: KALISIK, JOHN  
Address: 4583 KEY LARGO LANE  
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CAROLE KALISIK

P

04/24/2005

Electronic Signature of Signing Officer or Director

Date