2006 FOR PROFIT CORPORATION

HAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TO

Mar 13, 2006 08:00 AM **Secretary of State ANNUAL REPORT** DOCUMENT # P04000111028 1. Entity Name EAGLE WINDOW & DOOR INSTALLATIONS, INC. Principal Place of Business Mailing Address 5062 GRANT LANE WEST PALM BEACH, FL 33415 **5062 GRANT LANE** WEST PALM BEACH, FL 33415 No Chg-P 03072006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 03-0546683 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TAMAYO, JUAN C DO NOT WRITE **5062 GRANT LANE** WEST PALM BEACH, FL 33415 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 the it applicable. (NOTE: Registered Agent signature required when remaining) DATE 1JÚUÚI NA55865 FILE NOWIN FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. 113/22/06-8U054-8U4 150.00 Added to Fees OFFICERS AND DIRECTORS 10. TITLE TAMAYO, JUAN C NAME 5062 GRANT LANE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33415 TITLE NAME STREET ADDRESS CITY-51-21P TITLE STREET ADDRESS DO NOT WRITE CHY-ST-DP TITE F IN THIS SPACE NAME STREET ADDRESS City-St-70P TITLE NAME STREET ADDRESS CITY-ST-70P

12. I hereby certify that the information supplied with this filling 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 frue 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 coxporation or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

ED HAME OF SIGNING OFFICER OR DIRECTOR

FILED