## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

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## FILED Mar 13, 2006 8:00 am Secretary of State

DOCUMENT # P04000171957  1. Entity Name WINDOW MASTERS G.N., INC.						02-23-200	6 90011 021	***1	50.00	
722 MYRTLE COVE CT. P		Mailing Address P.O. BOX 677787 ORLANDO, FL 32867-	-			P PPS MINI OPN CTN CO	MILL BURN (1889) NSN (1811	I BIIN JETK	11 O MS	
2. Principal Plac	ce of Business	3. Mailing Address			{					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006	Chg-P	CR2E034 (1	1/05)			
City & State		City & State		4. FEI Numb 20-205			$\rightarrow$	Applicable		
Ziρ	Country	Zip -	Cour	ntry	5. Certificate	of Status Desired		5 Addit		
6. Name and Address of Current Registered Agent					7. Name and	d Address of New F	legistered Agent			
NUNEZ, GERARDO				Name Street Addre	Street Address (P.O. Box Number is Not Acceptable)					
#104 ORLANDO, FL 32825										
				City	FL Zip Code					
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 Floffida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, stood or derived name of registered agent and time if applicable. ANOTE: Registered Agent algorithms required unen rematching)  ONTE									nd accept	
FILE NOWIII FEE IS \$150.00  9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees								<del></del>		
10.	OFFICERS AND I		11.		ADDITIONS	CHANGES TO OFF				
NAME N STREET ADDRESS 7	NUNEZ, GERARDO /22 MYRTLE COVE CT. #104 ORLANDO, FL. 32825	□ Oxicte					c	hange	Addition	
STREET ADDRESS 7	NUNEZ, GERARDO R 722 MYRTLE COVE CT. #104  ORLANDO, FL 32825  CT			l l			□ c	hange	Addition	
NAME 1							G	nange	Addition-	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Deleta					<b>□</b> α	nange	Addition	
NAME STREET ADDRESS CITY-ST-ZIP		□ Delata		· I			<u> </u>	ange	Addition	
TITLE MAME STREET ADDRESS		☐ Delete	TITLE NAM STRE				☐ C1	ange	☐ Addition	
CITY-ST-ZIP  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 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: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNAD OFFICER OR DISPLETOR DESCRIPTION OF DES										
(407)482-4907										

February 24, 2006

WINDOW MASTERS G.N., INC. P.O. BOX 677787 ORLANDO, FL 32867-7787

Subject: WINDOW MASTERS G.N., INC.

Reference Number:

P04000171957

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The annual report/uniform business report must be signed by an officer or director of the corporation.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/MH ANNUAL REPORTS SECTION