
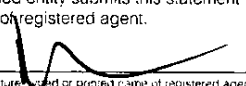
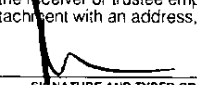


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90077 049 \*\*\*150.00

<b>DOCUMENT # P05000017392</b> 1. Entity Name <b>ALTA VISTA WINDOW &amp; DOOR, INC.</b>					
Principal Place of Business <b>15804 BROTHERS CT SUITE 8 FT. MYERS, FL 33912</b>			Mailing Address <b>20600 PORTHOLE CT ESTERO, FL 33928</b>		
2. Principal Place of Business - No P.O. Box # 		3. Mailing Address <b>15804 BROTHERS CT</b> Suite, Apt. #, etc. <b># 8</b>			
City & State 		City & State <b>FT. MYERS, FL</b>		4. FEI Number <b>20-2110259</b>	
Zip 		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>CEDRATI, ROBERT J 20600 PORTHOLE CT ESTERO, FL 33928</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15804 BROTHERS CT.</b> <b># 8</b> City <b>FT. MYERS</b> <b>FL</b> Zip Code <b>33912</b>	
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:  <b>ROBERT CEDRATI</b> <span style="float: right;">4/2/2007</span> <small>Signature of registered agent or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>P CEDRATI, ROBERT J 20600 PORTHOLE CT ESTERO, FL 33928</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  <b>ROBERT CEDRATI</b> , <span style="float: right;">4/2/2007 739-494-7510</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40072314



03042007 Chg-P CR2E034 (12/06)