

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000024646

FILED
Jul 13, 2007
Secretary of State

Entity Name: MORRISON'S WINDOW TREATMENTS, INC.

Current Principal Place of Business:

2289 LONG VIEW CIRCLE
BROOKSVILLE, FL 34604

New Principal Place of Business:

11132 LIBBY ROAD
SPRING HILL, FL 34609

Current Mailing Address:

2289 LONG VIEW CIRCLE
BROOKSVILLE, FL 34604

New Mailing Address:

11132 LIBBY ROAD
SPRING HILL, FL 34609

FEI Number: 34-2037487

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORRISON, TIMOTHY
2289 LONG VIEW CIRCLE
BROOKSVILLE, FL 34604 US

Name and Address of New Registered Agent:

MORRISON, TIMOTHY
11132 LIBBY ROAD
SPRING HILL, FL 34609 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: TIMOTHY L MORRISON

07/13/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MORRISON, LYNDIA
Address: 2289 LONG BIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

Title: DVP () Delete
Name: MORRISON, TIMOTHY
Address: 2289 LONG VIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: MORRISON, LYNDIA
Address: 2289 LONG VIEW CIRCLE
City-St-Zip: BROOKSVILLE, FL 34604

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TIMOTHY L MORRISON

DVP

07/13/2007

Electronic Signature of Signing Officer or Director

Date