


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90003 034 ***150.00

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| DOCUMENT # P05000026934 |  |
| 1. Entity Name AMERICAN WINDOW CO. | |

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| Principal Place of Business 6176 LA VIDA TERRACE BOCA RATON FL 33433 | Mailing Address 6176 LA VIDA TERRACE BOCA RATON FL 33433 |
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| 2. Principal Place of Business 6176 LA VIDA TER | 3. Mailing Address SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

1st MOORE CR2E034 (10/05)

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|--|------------------------------|
| City & State BOCA RATON FLA. | City & State |
| Zip 33433 | Country Palm Beach |

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|-----------------------------------|--|
| 4. FEI Number 028124010 | Applied For <input type="checkbox"/> |
| | Not Applicable <input type="checkbox"/> |

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| 6. Name and Address of Current Registered Agent FOSTER, MARVIN R 6176 LA VIDA TERRACE BOCA RATON FL 33433 | |
| 7. Name and Address of Current Agent Name MARNIE R. FOSTER Street Address (P.O. Box Number is Not Acceptable) 6176 LA VIDA TER BOCA RATON City FLA State FL Zip Code 33433 | |

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.

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| SIGNATURE | Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) | DATE |
|-----------|--|------|

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

| | |
|---|---------------------------------------|
| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---------------------------------------|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---------------------------------|---|---|
| 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 |
| 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 Section 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

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|------------------------------------|--|------|-----------------|
| SIGNATURE: Marnie R. Foster | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone # |
|------------------------------------|--|------|-----------------|