

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000035079

**FILED**  
**Apr 27, 2006**  
**Secretary of State**

**Entity Name:** EXCEPTIONAL WINDOWS & SHUTTERS, INC

**Current Principal Place of Business:**

500 NW 44TH STREET  
MIAMI, FL 33127

**New Principal Place of Business:**

13843 NW 19 AVE  
OPA LOCKA, FL 33054

**Current Mailing Address:**

500 NW 44TH STREET  
MIAMI, FL 33127

**New Mailing Address:**

1876 N. UNIVERSITY DRIVE  
SUITE 200-K  
PLANTATION, FL 33322

**FEI Number:** 54-2167215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

R.O.S. PROFESSIONAL BUSINESS SERVICES INC  
1876 N. UNIVERSITY DRIVE  
SUITE 101-S  
PLANTATION, FL 33322 US

**Name and Address of New Registered Agent:**

R.O.S. PROFESSIONAL BUSINESS SERVICES INC  
1876 N. UNIVERSITY DRIVE  
SUITE 200-K  
PLANTATION, FL 33322 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:

04/27/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: JONES, CRAIG P  
Address: 3230 NW 4TH STREET  
City-St-Zip: FORT LAUDERDALE, FL 33311

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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: CRAIG P. JONES

PD

04/27/2006

Electronic Signature of Signing Officer or Director

Date