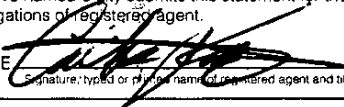
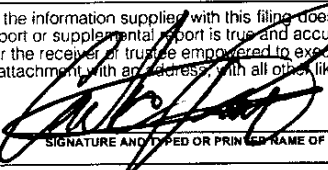


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 28, 2006 8:00 am
Secretary of State

08-28-2006 90005 010 ***158.75

DOCUMENT # P05000062282 1. Entity Name EMPIRE EXTERIOR OPENINGS, INC					
Principal Place of Business 2430 ADAM STREET HOLLYWOOD, FL 33020 US			Mailing Address 2430 ADAM STREET HOLLYWOOD, FL 33020 US		
2. Principal Place of Business 3321 NW 78 AVE. Suite, Apt. #, etc.		3. Mailing Address 3321 NW 78 AVE. Suite, Apt. #, etc.			
City & State DAVE, Florida Zip 33024		City & State DAVE, Florida Zip 33024		4. FEI Number 47-0054370	
Country BROWARD		Country BROWARD		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RUIZ, CARLOS 2430 ADAM STREET HOLLYWOOD, FL 33020				7. Name and Address of New Registered Agent Name CARLOS RUIZ, JR. Street Address (P.O. Box Number is Not Acceptable) 3321 NW 78 Avenue City DAVE FL Zip Code 33024	
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  DATE 8/22/06 <small>(Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUIZ, CARLOS 2430 ADAMS STREET HOLLYWOOD, FL 33020	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DAMPAN, CHRISTOPHER 2141 NORTH 56TH TERRACE HOLLYWOOD, FL 33021	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: 				Date 8/22/06 Daytime Phone # (954) 605-4908	

50026641



08072006 Chg-P CR2E034 (11/05)