

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 AUG 27 AM 11:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Res

7/9/07 90059 001 \$150.00



08132007 Chg-P CR2E034 (12/06)

DOCUMENT # P05000167497			
1. Entity Name WINDOW INSIGHTS ONLINE INC			
Principal Place of Business 1948 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952		Mailing Address 1948 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR 20-4017808		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOTTERBUSCH, CRYSTAL 1948 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		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	D BOTTERBUSCH, CRYSTAL 1948 SE PORT ST LUCIE BLVD PORT ST. LUCIE, FL 34952 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Crystal Botterbusch <small>Date</small> 772-488-2599 <small>Daytime Phone #</small>	

Document corrected per Crystal Botterbusch. *Res*