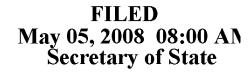
2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000094008 WINDOWS & DOORS EXPRESS CORP. Principal Place of Business Mailing Address 11264 SW 246 TERRACE 11264 SW 246 TERRACE HOMESTEAD, FL 33032 HOMESTEAD, FL 33032





CR2E034 (11/05) 04242008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-5224332 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LOPEZ, JOEL R MR DO NOT WRITE 11264 SW 246 TERRACE HOMESTEAD, FL 33032 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstaling) U00000948215 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 06/02/08-80046-012 150.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE NAME LOPEZ, JOEL R MR STREET ADDRESS 11264 SW 246 TERRACE HOMESTEAD, FL 33032 CITY-ST-ZIP THLE TOLEDO, YULEISY MRS NAME 11264 SW 246 TERRACE STREET ADDRESS CITY-ST-ZIP HOMESTEAD, FL 33032 THE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #