## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000118707

Entity Name: UNITED WINDOW PRODUCTS, INC.

FILED May 01, 2007 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Place of Business:		
	AMPLE RD., S PRINGS, FL 3				
Current Mailing Address:			New Mailing Address:		
	AMPLE RD., S PRINGS, FL 3				
FEI Number:	: 41-2214709	FEI Number Applied For()	FEI Number Not App	licable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of New Registered Agent:		
9337 W. S	, WILLIAM J. AMPLE RD., S PRINGS, FL 3	STE. 211 3065 US			
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	office or registered agent, or both,
SIGNATUR	RE:				
	Electro	nic Signature of Registered Age	ent		Date
		03(2)(b), F.S., the corporation did no	ot receive the prior notic	e.	
Election Campaign Financing Trust Fund Contribution ( ).  OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	D ( WILLARD, WII	) Delete LLIAM J. PLE RD., STE. 211	Title: Name: Address: City-St-Zip:	P (X WILLARD, WI 9337 W. SAM	K) Change()Addition
Title: Name: Address: City-St-Zip:	D ( WILLARD, DAI 2956 SE DUNE STUART, FL		Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Addition WILLARD, DANIEL L 2956 SE DUNE DR. STUART, FL	
Title: Name: Address: City-St-Zip:	D (X COUGHLIN, TI 11091 NW 26 CORAL SPRIN	DR.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition
Title: Name: Address: City-St-Zip:	D (X MALVITA, TOD 401 S. BEL AII PLANTATION,	R DR.	Title: Name: Address: City-St-Zip:	(	) Change ( ) Addition

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM WILLARD P 05/01/2007