2008 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 03-28-2008 90033 003 ***158.75 ROYALTY WINDOW FASHIONS, INC. Principal Place of Business Mailing Address 2043 LEEWYNN DRIVE 2043 LEEWYNN DRIVE SARASOTA, FL 34240 SARASOTA, FL 34240 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02212008 $\Pi\Pi\Pi\Pi\Pi$ City & State City & State 4. FEI Number Applied For 30-0408217 Not Applicable Zip Country Zip Country \$8.75 0 0000000 5. Certificate of Status Desired חכונות מסכום מסכום 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW OFFICES OF JONATHAN R. SAUNDERS, P.A. Street Address (P.O. Box Number is Not Acceptable) 1872 TAMIAMI TRAIL SOUTH SUITE D VENICE, FL 34293 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 0 000000 FILE NOW!!!- PER 13 \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete ☐ Addition TITLE TITLE Change SAUNDERS, LEWIS NAME NAME STREET ADDRESS PO BOX 2005 STREET ADDRESS VENICE, FL 34284 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition SAUNDERS, SUSAN NAME NAME STREET ADDRESS PO BOX 2005 STREET ADDRESS CITY-ST-ZIP VENICE, FL 34284 CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

SIGNATURE:

FILED

Mar 28, 2008 8:00 am