



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90043 020 ***150.00

DOCUMENT # P07000076695 1. Entity Name _____ ARTISTIC WINDOWS WORKS OF ART, INC.					
Principal Place of Business _____ 8461 LAKE WORTH ROAD SUITE 126 LAKE WORTH, FL 33467		Mailing Address _____ 8461 LAKE WORTH ROAD SUITE 126 LAKE WORTH, FL 33467			
2. Principal Place of Business - No P.O. Box # _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		3. Mailing Address _____ Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		<div style="text-align: center;">  </div> 01112008 Chg-P CR2E034 (12/06)	
4. FEI Number 26-0526133		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			
7. Name and Address of New Registered Agent Name COREY E. LEVINE, CPA Street Address (P.O. Box Number is Not Acceptable) 15300 JOG ROAD SUITE 208 City DELRAY BEACH FL Zip Code 33446		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 1/11/08 <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 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE _____ NAME DIR STREET ADDRESS FALCONE, ROSEMARIE CITY-ST-ZIP 8688 VIA AVELLINO LAKE WORTH, FL 33467	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME DIR STREET ADDRESS THOMAS, KATHERINE CITY-ST-ZIP 122 CLEVELAND ROAD LAKE WORTH, FL 33467	<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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date 4/4/08 Daytime Phone # 561. 209.6049	