

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000076695

**FILED**  
**Feb 10, 2009**  
**Secretary of State**

**Entity Name:** ARTISTIC WINDOWS WORKS OF ART, INC.

**Current Principal Place of Business:**

8461 LAKE WORTH ROAD  
SUITE 126  
LAKE WORTH, FL 33467

**New Principal Place of Business:**

8688 VIA AVELLINO  
LAKE WORTH, FL 33467

**Current Mailing Address:**

8461 LAKE WORTH ROAD  
SUITE 126  
LAKE WORTH, FL 33467

**New Mailing Address:**

8688 VIA AVELLINO  
LAKE WORTH, FL 33467

**FEI Number:** 26-0526133

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVINE, COREY E CPA  
15300 JOG RD STE 208  
DELRAY BEACH, FL 33446 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: DIR ( ) Delete  
Name: FALCONE, ROSEMARIE  
Address: 8688 VIA AVELLINO  
City-St-Zip: LAKE WORTH, FL 33467

Title: DIR (X) Delete  
Name: THOMAS, KATHERINE  
Address: 122 CLEVELAND ROAD  
City-St-Zip: LAKE WORTH, FL 33467

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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:** ROSEMARIE FALCONE

DIR

02/10/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date