


2006 FOR PROFIT CORPORATION ANNUAL REPORT

P93000023975

DOCUMENT # P93000023975		
1. Entity Name OMNI WINDOW DESIGNS, INC.		

Principal Place of Business 225 E. PALMETTO AVE. SUITE 104 LONGWOOD, FL 32750 US	Mailing Address 225 S. PALMETTO AVENUE LONGWOOD, FL 32750
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

FILED
06 JUN -2 AM 10: 08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
04/10/06 90342 002 P80

5052008	Chg-P	CR2E034 (11/05)
4. FEI Number 59-3182933		Applied For Not Applicable

6. Name and Address of Current Registered Agent DIEMER, JACK 225 E PALMETTO AVE SUITE 104 LONGWOOD, FL 32750		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!! FEE IS \$550.00 Due by September 8, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIEMER, JACK 225 E PALMETTO AVE LONGWOOD, FL 32773 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 807, 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: *Jack Diemer* President 5/10/06 407-830-4182