


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90056 015 ***158.75

| | | | |
|---|---------|---|---------|
| DOCUMENT # P94000004358 | |  | |
| 1. Entity Name WINDOW DECOR, INC. | | | |
| Principal Place of Business 1212 E. VENICE AVENUE VENICE, FL 34292 US | | Mailing Address 1212 E. VENICE AVENUE VENICE, FL 34292 US | |
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip 34285 | Country | Zip 34285 | Country |



02142005 Chg-P CR2E034 (10/03)

| | |
|---------------------------------------|--------------------------------|
| 4. FEI Number 65-0465846 | Applied For Not Applicable |
| 5. Certificate of Status Desired A | \$8.75 Additional Fee Required |

| | | | |
|--|--|---|--|
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| SARNOWSKI-CHESTER A 1212 E. VENICE AVENUE VENICE, FL 34292 | | Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 34285 | |

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | |
|---|--|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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 | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | SARNOWSKI, CHESTER A III | | NAME | | | | |
| STREET ADDRESS | 650 N. RIVER RD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | | | | |
| TITLE | VT | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | TREIBER, GRANT | | NAME | | | | |
| STREET ADDRESS | 520 N. RIVER ROAD | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | | | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | SARNOWSKI, TERESA L. | | NAME | | | | |
| STREET ADDRESS | 650 N. RIVER RD. | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | VENICE, FL 34293 | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition | | |
| NAME | | | NAME | | | | |
| STREET ADDRESS | | | STREET ADDRESS | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: 2-15-05 DAYTIME PHONE #: 941 483-3344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR