


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jul 12, 2007 08:00 AM
Secretary of State**

DOCUMENT # P95000071112 1. Entity Name DESIGNER WINDOWS & DOORS, INC.	
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Principal Place of Business 645 SQUIRE COURT SUITE # 203 NAPLES, FL 34104 US	Mailing Address 600 GOODLETTE ROAD NORTH SUITE # 104 NAPLES, FL 34102 US
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DO NOT WRITE IN THIS SPACE



07102007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0620141	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**WATSON, HELEN
600 GOODLETTE ROAD NORTH
SUITE # 104
NAPLES, FL 34102**

**DO NOT WRITE
IN THIS SPACE**

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

U000000768301
07/12/07-90002-001 150.00
DATE

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT RADTKE, THOMAS J 600 GOODLETTE ROAD NORTH, SUITE # 104 NAPLES, FL 34102
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SAT RADTKE, ANDREA B 600 GOODLETTE ROAD NORTH, SUITE # 104 NAPLES, FL 34102
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: *Helen Watson* **7/10/07** **(239) 263-0829**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #