

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90095 040 \*\*\*150.00

<b>DOCUMENT # P96000057870</b> 1. Entity Name <b>T Z WINDOWS NORTH INC.</b>					
Principal Place of Business <b>4341 OKEECHOBEE BLVD</b> <b>BAY G1 &amp; G2</b> <b>WEST PALM BEACH, FL 33409 US</b>			Mailing Address <b>4341 OKEECHOBEE BLVD</b> <b>BAY G1 &amp; G2</b> <b>WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business - No P.O. Box # <b>4398 SW Port Way</b> Suite, Apt. #, etc.		3. Mailing Address <b>4398 SW Port Way</b> Suite, Apt. #, etc.			
City & State <b>Palm City FL</b>		City & State <b>Palm City FL</b>		4. FEI Number <b>65-0690842</b>	
Zip <b>34990</b>		Country <b>St. Lucie</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MATZ, MARVIN</b> <b>4341 OKEECHOBEE BLVD</b> <b>BAY 61 &amp; 62</b> <b>WEST PALM BEACH, FL 33409</b>				7. Name and Address of New Registered Agent Name <b>MATZ, MARVIN</b> Street Address (P.O. Box Number is Not Acceptable) <b>4398 SW Port Way</b> City <b>Palm City</b> <b>FL</b> Zip Code <b>34990</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, MARVIN 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, MARVIN 4398 SW Port Way Palm City, FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KELLY, ROBERT 4341 OKEECHOBEE BLVD WEST PALM BEACH, FL 33409	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kelly, Robert 4398 SW Port Way Palm City FL 34990	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, Darlene 4398 SW Port Way Palm City FL 34990	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATZ, Darlene 4398 SW Port Way Palm City FL 34990	<input type="checkbox"/> Change <input checked="" 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:**

ATTACHMENT

40108861

#P96000057870



4398 SW Port Way  
Palm City, FL 34990  
Ph (772) 220-1575 Fax (772) 220-1568

May 8, 2007

Florida Division of Corporations  
Tallahassee, FL

To Whom It May Concern:

I was made aware yesterday that corporate annual reports were due May 1. I was not with the company last year at this time and was not familiar with the process. We did not receive a notice in the mail as I can only assume it was lost in forwarding or was not forwarded to our new address. I am hopeful you will waive any late fee for this delay. Thank you.

  
Darlene Matz  
Director