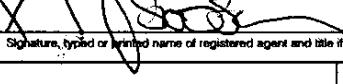
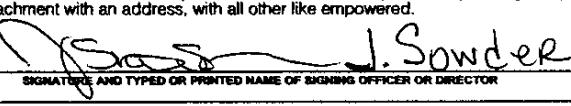


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 22, 2007 8:00 am  
Secretary of State**

01-22-2007 90109 022 \*\*\*150.00

DOCUMENT # P96000081346				
1. Entity Name ARTISTIC WINDOWS, INC.				
Principal Place of Business 3112 W KENNEDY BLVD STE C TAMPA, FL 33609 US		Mailing Address 3112 W KENNEDY BLVD STE C TAMPA, FL 33609 US		
2. Principal Place of Business - No P.O. Box # 4004 W. Neptune St		3. Mailing Address 4004 W. Neptune St		
Suite, Apt. #, etc. Suite #102		Suite, Apt. #, etc. Suite #102		
City & State Tampa FL		City & State Tampa FL		
Zip 33609	Country United States	Zip 33609	Country United States	
6. Name and Address of Current Registered Agent  SOWDER, J. SCOTT 5000 CULBREATH KEY WY 5-501 TAMPA, FL 33629			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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.				
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	P SOWDER, J. S 5000 CULBREATH KEY WY, 5-501 TAMPA, FL 33629	<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
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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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
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: 		Date: 1/19/07		Daytime Phone # 813-835-8805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				