

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000027183

FILED
Apr 28, 2008
Secretary of State

Entity Name: IMMACULATE WINDOW COVERINGS, INC.

Current Principal Place of Business:

3788 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

176 SHELTER COVE DRIVE
SANTA ROSA BEACH, FL 32459 US

Current Mailing Address:

3788 W. COUNTY HWY. 30-A
SANTA ROSA BEACH, FL 32459 US

New Mailing Address:

FEI Number: 59-3438724 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATTHEWS, DANA C ESQ.
607 HIGHWAY 98 EAST
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

MATTHEWS, DANA C ESQ.
4475 LEGENDARY DRIVE
DESTIN, FL 32541 US

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.

SIGNATURE: _____ 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: REYNOLDS, KELLY
Address: 252 CLUBHOUSE DRIVE W.
City-St-Zip: FREEPORT, FL 32439

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: REYNOLDS, KELLY
Address: 176 SHELTER COVE DRIVE
City-St-Zip: SANTA ROSA BEACH, FL 32459 US

Title: VP () Change (X) Addition
Name: REYNOLDS, JACQUELYN B MS
Address: 871 KELL-AIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: SEC () Change (X) Addition
Name: REYNOLDS, KYLEIGH M MS
Address: 871 KELL-AIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

Title: TREA () Change (X) Addition
Name: REYNOLDS, SHELBY N MS
Address: 871 KELL-AIRE DRIVE
City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KELLY REYNOLDS P 04/28/2008
Electronic Signature of Signing Officer or Director Date