
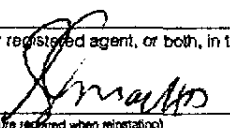
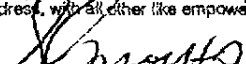


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 27, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P97000075271</b>		
1. Entity Name <b>ULTRA WINDOW TINTING AND ACCESSORIES, INC.</b>		
Principal Place of Business <b>1503 N FEDERAL HIGHWAY HOLLYWOOD, FL 33020 US</b>		Mailing Address <b>2285 N. W. 74 AVE. SUNRISE, FL 33313 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>MOHAMMED, SHAMEER 2285 N. W. 74 AVE. SUNRISE, FL 33313</b>		<b>DO NOT WRITE IN THIS SPACE</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)</small>		DATE: <b>02/24/06</b>
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE	PSD	
NAME	MOHAMMED, SHAMEER	
STREET ADDRESS	1503 N FEDERAL HIGHWAY	
CITY-ST-ZIP	HOLLYWOOD, FL 33020	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <b>02/24/06</b> <small>Daytime Phone #</small>



02242006 No Chg-P CRZE034 (11/05)

4. FEI Number  
**65-0782790**

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional  
Fee Required

110000448079  
113/08/06 80083-004 158.75

**DO NOT WRITE  
IN THIS SPACE**