


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90079 012 ***150.00

DOCUMENT # P98000085169	
1. Entity Name WINDOW MAN OF SOUTH FLORIDA, INC.	

Principal Place of Business 1400 SOUTH DIXIE HIGHWAY WEST 2W POMPANO BEACH FL 33060	Mailing Address 1400 SOUTH DIXIE HIGHWAY WEST 2W POMPANO BEACH FL 33060
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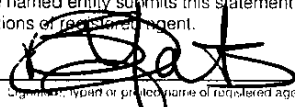
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/05)

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
YATES, SAMANTHA B PSD 1310 SOUTH DIXIE HWY WEST 21W POMPANO BEACH FL 33060		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  DATE 2-13-06

(NOTE: Registered Agent signature required when consolidating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YATES, SAMANTHA B <input type="checkbox"/> Delete 1310 SOUTH DIXIE HWY WEST # 21W POMPANO BEACH FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD YATES, SAMANTHA B. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 S. Dixie Hwy West 2W Pompno Beach FL 33060
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YATES, CARL A <input type="checkbox"/> Delete 1310 SOUTH DIXIE HWY WEST #21W POMPANO BEACH FL 33060	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD YATES, CARL A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1400 S. Dixie Hwy West 2W Pompno Beach FL 33060
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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 2-13-06

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #