## 2006 FOR PROFIT CORPORATION

## ANNUAL REPORT **FILED** Feb 20, 2006 08:00 AN Secretary of State DOCUMENT # P99000007541 1. Entity Name ADVANCED WINDOW TINTING, INC. Principal Place of Business Mailing Address 9506 HOOD ROAD 9506 HOOD ROAD JACKSONVILLE, FL 32257 JACKSONVILLE, FL 32257 No Chg-P CR2E034 (11/05) 02092006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3551433 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent TILLMAN, RICHARD DO NOT WRITE 9506 HOOD ROAD JACKSONVILLE, FL 32257 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE TILLMAN, RICHARD STREET ADDRESS 9506 HOOD RD CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE U00000442168 NAME TILLMAN, SUSAN R 03/04/06-80008-016 150.00 STREET ADDRESS 9506 HOOD RD CITY-ST-ZIP JACKSONVILLE, FL 32257 TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP TILLE NAME STREET ADDRESS CITY-ST-7IP

Daytime Phone i