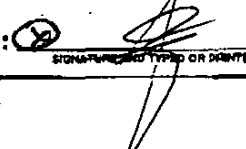


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WALTERTSAMJ

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
May 22, 2006 8:00 am
Secretary of State

05-22-2006 90041 001 ***150.00

DOCUMENT # S24180			
1. Entity Name SIR WINDOW TINT I, INC.			
Principal Place of Business 1100 W OAKLAND PARK BLVD. WILTON MANORS, FL 33311		Mailing Address 1100 W OAKLAND PARK BLVD. WILTON MANORS, FL 33311	
2. Principal Place of Business		3. Mailing Address 1530 S. ST RD 7	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State HOUSTON TX	
Zip		Zip 77054	
Country		Country U.S.	
4. FEI Number 65-0235859		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PORTAL, LIRAN 1100 W OAKLAND PARK BLVD. UNIT 2 WILTON MANORS, FL 33311		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 _____ (NOTE: Registered Agent signature required when registering.) DATE _____			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PORTAL, LIRAN 1100 W OAKLAND PK BLVD UNIT #2 FORT LAUDERDALE, FL 33311	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V ZALDETI, HAMIE 1100 W OAKLAND PK BLVD UNIT #2 FORT LAUDERDALE, FL 33311	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	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: 		Date _____	