


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # V71071 1. Entity Name GEM WINDOW FASHIONS, INC. |  |
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|---|---|
| Principal Place of Business 21985 U.S. HIGHWAY NORTH CLEARWATER, FL 33765 | Mailing Address 21985 U.S. HIGHWAY NORTH CLEARWATER, FL 33765 |
|---|---|

DO NOT WRITE IN THIS SPACE



04182005 No Chg-P CR2E034 (10/03)

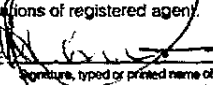
| | |
|---|-----------------------------------|
| 4. FEI Number 59-3148364 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

5. Name and Address of Current Registered Agent

HOLMES, GREG
21985 U.S. HIGHWAY NORTH
CLEARWATER, FL 34824

**DO NOT WRITE
IN THIS SPACE**

3. 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.

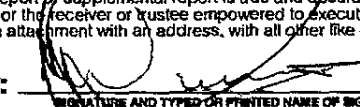
SIGNATURE:  DIRECTOR 4/23/05
(NOTE: Registered Agent signature required when reinstating) DATE

| | | |
|---|--|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U00000336058 04/27/05-80111-007 150.00 |
|---|--|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P HOLMES, GREG 1848 TINSMITH CIRCLE LUTZ, FL 335493371 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  4/23/05 726-0110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #