

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000008893

**FILED**  
**Apr 24, 2007**  
**Secretary of State**

**Entity Name:** AAA ADVANCED WINDOWS & DOOR SCREENS, INC.

**Current Principal Place of Business:**

37102 COUNTY ROAD 439  
EUSTIS, FL 32736

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1504  
EUSTIS, FL 32727

**New Mailing Address:**

FEI Number: 20-0517148

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PINKNEY, GREGORY  
37102 COUNTY RD 439  
EUSTIS, FL 32736 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: PINKNEY, GREGORY  
Address: P. O. BOX 1504  
City-St-Zip: EUSTIS, FL 327261504

Title: D ( ) Delete  
Name: PINKNEY, DEBRA S  
Address: P. O. BOX 1504  
City-St-Zip: EUSTIS, FL 327261504

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GREGORY PINKNEY

D

04/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date