

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G59095

Entity Name: MIRROR SPECIALTIES, INC.

FILED
Jun 28, 2005
Secretary of State

Current Principal Place of Business:

130 PALAFOX PL
PENSACOLA, FL 32501

New Principal Place of Business:

130 PALAFOX PL
2
PENSACOLA, FL 32501

Current Mailing Address:

P.O. BOX 12344
PENSACOLA, FL 32591 US

New Mailing Address:

FEI Number: 59-2331720

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GOLDMAN, JAMES
3716 NAVY BLVE
PENSACOLA, FL 32507 US

Name and Address of New Registered Agent:

GOLDMAN, JAMES
1006 NORTH PALAFOX ST.
PENSACOLA, FL 32501 US

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: JAMES GOLDMAN

06/28/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: GOLDMAN, JAMES,
Address: 106 S. PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: GOLDMAN, JAMES,
Address: 1006 NORTH PALAFOX ST.
City-St-Zip: PENSACOLA, FL 32501

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAMES GOLDMAN

DP

06/28/2005

Electronic Signature of Signing Officer or Director

Date