2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an at

SIGNATURE:

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # G59095 04-16-2007 90327 025 ***150.00 MIRROR SPECIALTIES, INC. 40063820 Principal Place of Business Mailing Address 130 PALAFOX PL P.O. BOX 12344 PENSACOLA, FL 32591 US PENSACOLA, FL 32502 US No Chg-P CR2E034 (11/05) 02082007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2331720 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GOLDMAN, JAMES DO NOT WRITE 1006 NORTH PALAFOX ST. PENSACOLA, FL 32501 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 10. OFFICERS AND DIRECTORS TITLE NAME GOLDMAN, JAMES 1006 NORTH PALAFOX ST. STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32501 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP 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

all other like empowered.

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED