


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2006 08:00 AM
Secretary of State

DOCUMENT # P04000118969

1. Entity Name
TAMARA BASKIN ART GLASS, INC.



Principal Place of Business
**321 N CONGRESS AVE STE 101
 DELRAY BCH, FL 33445**

Mailing Address
**321 N CONGRESS AVE STE 101
 DELRAY BCH, FL 33445**

DO NOT WRITE IN THIS SPACE



03082006 No Chg-P CR2E034 (11/05)

4. FEI Number
34-2016126 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MANN & WOLF, LLP
 33 SE 4 ST STE 102
 BOCA RATON, FL 33432**

DO NOT WRITE 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	BASKIN, NORM
STREET ADDRESS	321 N CONGRESS
CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	O
NAME	BASKIN, TAVARA
STREET ADDRESS	321 N CONGRESS
CITY - ST - ZIP	DELRAY BEACH, FL 33445
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 03/24/06-80015-005 150.00

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: Tamara Baskin **3-16-06** 501 272 0537
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #