- 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # P04000156818 1. Entity Name 02-13-2007 90013 020 ***150.00 BIT OF GLASS, INC. Principal Place of Business Mailing Address 248 NW 37 WAY DEERFIELD BEACH FL 33442 1514 NW 3RD DEERFIELD BEACH FL 33442 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, elc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State 4. FEI Number 65-1236801 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TODARO, GERALDINE Street Address (P.O. Box Number is Not Acceptable) 248 NW 37 WAY DEERFIELD BEACH FL 33442 City Zip Code 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 SIGNATURE Signature, typed or pursed name of registered agent and little i pophicable INOTE Peastered Agent signature required when recisimenal FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. HILE ☐ Defete MILE Change ☐ Addition TORADO, GERALDINE NAME . LAME 248 NW 37 WAY SIRELL ADORESS SIREET ADDRESS **DEERFIELD BEACH FL 33442** CHY-SI-7IP CITY-SI-ZIP ☐ Detete 11111 une ☐ Change ☐ Addition NAME STREET ADDRESS STREET APORTISS CHY-SI-/IP CHY ST 21P ☐ Defete HELE шш ☐ Chance ___ Addition NAME STREET ADDRESS STHEET ADDRESS CITY ST-ZIP CHY-SI-7IP Delete HILE IIILE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY - ST - ZIP ☐ Delete IHIE Change ☐ Addition NAM NAME STREET ADDRESS STREET ADORESS CITY - ST - 71P CITY-51-71P htte ☐ Delete THEE ☐ Change ☐ Addition SIREET ADDRESS STREET ADDRESS CITY-SI-7P 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an officer or director of the corporation or the receiver of 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 synogweigh. SIGNATURE:

FILED

Mar 05, 2007 8:00 am