2008 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 17, 2008 08:00 A DOCUMENT # P93000086263 Secretary of State 1. Entity Name DEW GLASS, INC. Principal Place of Business Mailing Address 5667 COMMERCE DR 5667 COMMERCE DR ORLANDO, FL 32839 ORLANDO, FL 32839 01112008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3215799 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEBEAUBIEN, HUGO H DO NOT WRITE 332 N. MAGNOLIA AVE. ORLANDO, FL 32801 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, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. U00000861483 PΩ TITLE 04/03/08-80011-003 158.75 DEW, MARK H NAME 5667 COMMERCE DR #1 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL STD ITTLE DEW, THERESA NAME 5667 COMMERCE DR #1 STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32829 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 chapter or or an attachment with an address.

Crianged, or on an attachment with an address, with all other like empower

SIGNATURE.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/11/08

407-855-8264

FILED

Daytime Phone #