


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2006 8:00 am
Secretary of State

02-20-2006 90049 001 ***150.00

DOCUMENT # P95000049458
 1. Entity Name
 ALLSTAR GLASS INC.



Principal Place of Business
~~2238~~ FOLIAGE OAK TERRACE
 OVIEDO, FL 32766 US

Mailing Address
~~2238~~ FOLIAGE OAK TERRACE
 OVIEDO, FL 32766 US

2238 Foliage OAK Terrace
60019800



01092006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3319481	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
 DEMARZO, CHRISTY D
~~5721 MAGNOLIA BLOOM TERRACE~~ *2238 Foliage Oak Terrace*
 OVIEDO, FL 32765 *OVIEDO, FL 32766*

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 NAME STREET ADDRESS CITY-ST-ZIP	OP DEMARZO, RALPH <i>2238 Foliage Oak Terrace</i> 5721 MAGNOLIA BLOOM TERRACE OVIEDO, FL 32766
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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: *Ralph De Marzo*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-06 *407-699-9800*
 Date Daytime Phone #