

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000040924
 1. Entity Name
ADVANCED GLASS PROTECTION SYSTEMS, INC.



Principal Place of Business: **7650 BAYSHORE DR., #603
 TREASURE ISLAND, FL 33706**
 Mailing Address: **7650 BAYSHORE DR., #603
 TREASURE ISLAND, FL 33706**

000000462670
 03/21/06-80045-002 150.00



DO NOT WRITE IN THIS SPACE

03092006 No Chg-P CR2E034 (11/05)

4. FILING NUMBER: **59-3573098**
 Applied Fee: Not Applicable
 5. Certificate of Status Desired: **\$8.75** Additional Fee Required

A. Name and Address of Current Registered Agent

KOTLER, MICHAEL
7850 BAYSHORE DR., #603
TREASURE ISLAND, FL 33370-8

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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: _____ DATE: _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	KOTLER, MICHAEL
STREET ADDRESS	7650 BAYSHORE DR., #603
CITY ST ZIP	TREASURE ISLAND, FL 333706
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

DO NOT WRITE IN THIS SPACE

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 liquidator 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: *Michael J. Kotler* **3-10-06** **1722) 867-7527**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Mo/Phone #