


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90299 024 ***158.75

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| DOCUMENT # 574420 1. Entity Name D-J GLASS ENTERPRISES, INC. |  |
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| Principal Place of Business 563 BURTON BLVD ROCKLEDGE, FL 32955 US | Mailing Address 635 BREVARD AVE COCOA, FL 32922-7807 US |
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| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Post office Box 1346 Suite, Apt. #, etc. |
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04242005 Chg-P CR2E034 (10/03)

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| City & State City & State Tavernier, FL | 4. FEI Number 59-1874250 | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 33070 | Country U.S. | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent GLASS, GREGORY W 88540 OVERSEAS HIGHWAY #103 TAVERNIER, FL 33070 |
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| 7. Name and Address of New Registered Agent Name Gregory W. Glass Street Address (P.O. Box Number is Not Acceptable) 127 Venetian Way City Islamorada FL Zip Code 33036 |
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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  Gregory W. Glass 4/24/05
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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| 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input type="checkbox"/> Delete GLASS, SALLY W 88540 OVERSEAS HIGHWAY #103 TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input type="checkbox"/> Delete GLASS, GREGORY W. 88540 OVERSEAS HIGHWAY #103 TAVERNIER, FL 33070 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glass, Sally W. 127 Venetian Way Islamorada, FL 33036 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Glass, Gregory W. 127 Venetian Way Islamorada, FL 33036 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

(305) 664-8987

SIGNATURE:  Gregory W. Glass, President 4/24/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #