


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jun 28, 2004 8:00 am**  
**Secretary of State**

06-28-2004 90091 001 \*\*\*150.00  
06-28-2004 90091 002 \*\*\*400.00

<b>DOCUMENT # 850196</b>		
1. Entity Name <b>STAINED GLASS OVERLAY, INC.</b>		

Principal Place of Business <b>1827 N CASE ST ORANGE, CA 92665</b>	Mailing Address <b>126 PROSPECT STREET CAMBRIDGE, MA 02139</b>
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**66429147**

2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <i>% Corporation Service Company</i> Suite, Apt. #, etc. <i>1201 Hays Street</i>	
City & State		City & State <i>Tallahassee, FL</i>	
Zip	Country	Zip <i>32301</i>	Country <i>USA</i>



04062004 Chg-P CR2E034 (10/03)

4. FEI Number <b>95-3805418</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD POPE, SUSAN L 1827 N. CASE STREET ORANGE, CA 92665 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>ST/D</i> Paul W. Clements 5397 Eglinton Ave West, Ste. 108 Etobicoke, ON M9C 5K6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHASE, CHARLES E. 1140 VALLEY FORGE RD VALLEY FORGE, PA 19482 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Steven S. Rogers 5397 Eglinton Ave. West, Suite 108 Etobicoke, ON M9C 5K6 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CASSIDY, MICHAEL 1827 N. CASE ST ORANGE, CA 92865 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AS</i> John B. Friedrichsen 1140 Bay Street, Suite 4000 Toronto, ON M5S 2B4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO WOOD, THOMAS W 4360 CHAMBLEE DUNWOODY RD STE 410 ATLANTA, GA 30341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>AT</i> Douglas G. Cooke 1140 Bay Street, Suite 4000 Toronto, ON M5S 2B4 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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"/> Delete	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.

**SIGNATURE:** *Michael Cassidy* **Michael Cassidy** *Apr 11/2004* **(800)944-4746**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #