
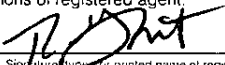



**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90071 031 \*\*\*150.00

<b>DOCUMENT # J65727</b>			
1. Entity Name <b>FORGLASS TOOLS, INC.</b>			
Principal Place of Business <b>387 NETTLES BLVD. JENSEN BEACH, FL 34957 US</b>		Mailing Address <b>1991 S KANNER HWY STUART, FL 34997 US</b>	
		<b>50001244</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>50 Kindred St</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>303</b>	
City & State		City & State <b>Stuart, FL</b>	
Zip		Zip <b>34994</b>	
Country		Country <b>USA</b>	
		03192008 Chg-P CR2E034 (12/06)	
		4. FEI Number <b>65-0032421</b>	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>KENNEY &amp; TAYLOR CPAS, P.A. KENNEY, STEWART, &amp; TAYLOR CPA'S 1991 SOUTH KANNER HIGHWAY STUART, FL 34994</b>		Name <b>Guest, Peavy, Guest CPAs PCo.</b>	
		Street Address (P.O. Box Number is Not Acceptable)	
		<b>50 Kindred St # 303</b>	
		City <b>Stuart</b>	FL
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 <b>3/19/2008</b>	
Signature (Typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when re-registering)	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRES GACH, PAUL 387 NETTLES BLVD. JENSEN BEACH, FL 349573326</b> <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	<b>SEC GACH, VALERIE J 387 NETTLES BLVD. JENSEN BEACH, FL 349573326</b> <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
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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 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: 		Date: <b>3/19/2008</b> Daytime Phone: <b>772/288-9005</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			