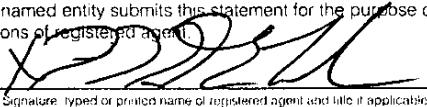


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90021 014 ***158.75

DOCUMENT # K67783 1. Entity Name GLASS AND MIRROR CRAFTERS INC.					
Principal Place of Business 18829 US 19 HUDSON FL 34667		Mailing Address 18829 US 19 HUDSON FL 34667			
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-2932191 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required		1st MOORE CR2E034 (10/05)			
6. Name and Address of Current Registered Agent PEPPER, GARY E. 7124 MEIGHAN CT. NEW PORT RICHEY FL 34652			7. Name and Address of New Registered Agent Name Michael E. Tyler Street Address (P.O. Box Number is Not Acceptable) 5460 Bellevue Ave. City New Port Richey FL 34652		
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 		Michael E. Tyler		DATE 1/30/06	
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ☐ Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEPPER, GARY E 7124 MEIGHAN CT. NEW PORT RICHEY FL 34652	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Michael E. Tyler 5460 Bellevue Ave. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYLER, MICHAEL 5460 BELLVIEW AVE. NEW PORT RICHEY FL 34652	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary Beth A. Tyler 5460 Bellevue Ave. New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TYLER, BETH A 5460 BELLEVIEW AVE. NEW PORT RICHEY FL 34652	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Beth A. Tyler		DATE 1/30/06 727-863-2881	