2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L43085

Entity Name: WOLVERINE GLASS & MIRROR, INC.

FILED Mar 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6421 METRO PLANTATION RD #2 836 NE 7TH TERR FORT MYERS, FL 33912

SUITE 4

CAPE CORAL, FL 33909 US

Current Mailing Address: New Mailing Address:

6421 METRO PLANTATION RD #2 836 NE 7TH TERR FORT MYERS, FL 33912

SUITE 4

CAPE CORAL, FL 33909 US

FEI Number: 65-0167450 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RIDER, CHARLES R RIDER, CHARLES R. 11740 RUDEN ROAD 305 SW 22ND PL

NORTH FORT MYERS, FL 33917 US CAPE CORAL, FL 33991 US

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.

SIGNATURE: CHARLES RIDER 03/01/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

RIDER, CHARLES R., RIDER, CHARLES R., Name: Name: 6421 METRO PLANTATION RD #2 Address: 836 NE 7TH TERR Address:

City-St-Zip: FORT MYERS, FL 33912 US City-St-Zip: CAPE CORAL, FL 33909 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES RIDER OWN 03/01/2006

Electronic Signature of Signing Officer or Director

Date