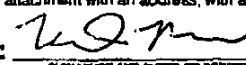


FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90028 005 ***150.00

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # L73463			
1. Entity Name GLASSALUM ERECTORS, INC.			
Principal Place of Business 7933 NW 71ST STREET MIAMI, FL 33166-2339		Mailing Address 7933 NW 71ST STREET MIAMI, FL 33166-2339	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
01122006		Chg-P CR2E034 (11/05)	
4. FEI Number 65-0208647		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MACK, DARLENE 8871 S.W. 49TH COURT COOPER CITY, FL 33328		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renouncing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 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	CEO BUDD, MICHAEL 3592 WOODLAND TRAIL SAINT PAUL, MN 55123 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO BUDD, MICHAEL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE GOBBI, ALBERTO 3 GRASSMERE POND LANE SUFFIELD, CT 060781377 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C PAVAN, ENZO VIA MATTEI 21/23 VITTORIO VENETO (TV), 31029 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY DANIELE, CLAUDIO 141 W. GRAYLING LN SUFFIELD, CT 06079 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	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 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:  MICHAEL BUDD		1-25-06 (305) 592-1212	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone	