

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M61557

FILED
Jan 26, 2006
Secretary of State

Entity Name: IMAGES ON GLASS, INC.

Current Principal Place of Business:

3300 S. CONGRESS AVE.
SUITE 17
BOYNTON BEACH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

3300 S. CONGRESS AVE.
SUITE 17
BOYNTON BEACH, FL 33063 US

New Mailing Address:

FEI Number: 65-0021581 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JAMES A
20574 CAROUSEL CIR WEST
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JONES, JAMES A.
Address: 20574 CAROUSEL CIRCLE WEST
City-St-Zip: BOCA RATON, FL 33434 US

Title: VC () Delete
Name: JONES, BRUCE E.
Address: 126 SEA ISLAND TERRACE
City-St-Zip: BOCA RATON, FL 33431 US

Title: TM () Delete
Name: JONES, DAVID
Address: 5935 ASTURIAN TRAIL
City-St-Zip: LAKE WORTH, FL 33467 US

Title: ST () Delete
Name: JONES, DAVID
Address: 5935 ASTURIAN TRAIL
City-St-Zip: LAKE WORTH, FL 33467 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: DAVID A JONES

ST

01/26/2006

Electronic Signature of Signing Officer or Director

Date