2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M65274

FILED Apr 29, 2006 Secretary of State

Entity Name: GLOWACKI FAMILY ENTERPRISES, INC. **Current Principal Place of Business: New Principal Place of Business:** 503 NW 9TH STREET OEECHOBEE, FL 34973 US **Current Mailing Address: New Mailing Address:** PO BOX 2128 OKEECHOBEE, FL 34973 US FEI Number: 04-2993680 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY KIM GLOWACKI 1201 HAYS STREET PO BOX 2128 TALLAHASSEE, FL 32301 OKEECHOBEE, FL 34973 US 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: KIM GLOWACKI 04/29/2006 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: PDTV () Delete Title: () Change () Addition GLOWACKI, KIM Name: Name: OLD SOUTH ROAD Address: Address: City-St-Zip: NANTUCKET, MA City-St-Zip: Title: () Delete Title: () Change () Addition Name: GLOWACKI, KIM Name: OLD SOUTH ROAD Address: Address: NANTUCKET, MA City-St-Zip: 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: KIM GLOWACKI PDTV 04/29/2006