


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 07, 2006 08:00 AM
Secretary of State

DOCUMENT # P0000095520	
1. Entity Name GLASS COATING INDUSTRIES, INC.	

Principal Place of Business 3601 N DIXIE HWY POMPANO BEACH FL 33064	Mailing Address 3601 N DIXIE HWY POMPANO BEACH FL 33064
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE

CR2E034 (10/05)

4. FEI Number 65-0260323	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STONE, GREGORY 3601 N DIXIE HWY POMPANO BEACH FL 33064
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code

FL

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 re-registering) DATE _____

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 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D STONE, GREGORY 3601 N DIXIE HWY POMPANO BEACH FL 33064
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
	<input type="checkbox"/> Change <input type="checkbox"/> Add

U00000424505
02/18/06-80054-002 150.00

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:  **GREGORY STONE** **2-2-06** **954-941-5300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #