2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006
Secretary of State

DOCUMENT# P01000004412

Entity Name: CASAGLAS, INC.

Current Principal Place of Business:

398 N. NOVA RD
DAYTONA BEACH, FL 32114

New Principal Place of Business:

Current Mailing Address:

PO BOX 544
EDGEWATER, FL 32132

New Mailing Address:

398 N NOVA RD
DAYTONA BEACH, FL 32114

FEI Number: 59-3690327 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CASSATA, KATHLEEN J
2904 MANGO TREE DR.
EDGEWATER, FL 32141 US

Name and Address of New Registered Agent:

CASSATA, KATHLEEN J PRES
515 MOON RISE DRIVE
PORT ORANGE, FL 32127 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: KATHLEEN J CASSATA 07/11/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: CASSATA, KATHLEEN J
Address: 2904 MANGO TREE DR.
City-St-Zip: EDGEWATER, FL 32141

Title: V ( ) Delete
Name: CASSATA, ANTHONY
Address: 2904 MANGO TREE DR
City-St-Zip: EDGEWATER, FL 32141

Title: T ( ) Delete
Name: CASSATA, CHRISTOPHER
Address: 2015 NEEDLE PALM DR
City-St-Zip: EDGEWATER, FL 32141

Title: S ( ) Delete
Name: CASSATA, BRANDON
Address: 2904 MANGO TREE DR
City-St-Zip: EDGEWATER, FL 32141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: CASSATA, KATHLEEN J
Address: 515 MOON RISE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

Title: V (X) Change ( ) Addition
Name: CASSATA, ANTHONY
Address: 515 MOON RISE DRIVE
City-St-Zip: PORT ORANGE, FL 32127

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

Title: S (X) Change ( ) Addition
Name: CASSATA, BRANDON
Address: 2122 SABAL PALM DRIVE
City-St-Zip: EDGEWATER, FL 32141

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: KATHLEEN J CASSATA DP 07/11/2006
Electronic Signature of Signing Officer or Director Date