2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004412

CASSATA, BRANDON

2122 SABAL PALM DRIVE

EDGEWATER, FL 32141

Name:

Address:

City-St-Zip:

Entity Name: CASAGLAS, INC.

Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 398 N. NOVA RD DAYTONA BEACH, FL 32114 **Current Mailing Address: 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: Name and Address of New Registered Agent: CASSATA, KATHLEEN J PRES 515 MOON RISE DRIVE PORT ORANGE, FL 32127 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition CASSATA, KATHLEEN J Name: Name: 515 MOON RISE DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL 32127 City-St-Zip: Title: () Delete Title: (X) Change () Addition CASSATA, ANTHONY Name: CASSATA, ANTHONY Name: 515 MOON RISE DRIVE 515 MOON RISE DRIVE Address: Address: PORT ORANGE, FL 32127 PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: Title: () Delete (X) Change () Addition Title: CASSATA, CHRISTOPHER CASSATA, CHRISTOPHER Name: Name: 2015 NEEDLE PALM DR 2015 NEEDLE PALM DR Address: Address: City-St-Zip: EDGEWATER, FL 32141 City-St-Zip: EDGEWATER, FL 32141 Title: () Delete Title: (X) Change () Addition

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.

Name:

Address:

City-St-Zip:

CASSATA, BRANDON

2122 SABAL PALM DRIVE

EDGEWATER, FL 32141

SIGNATURE: KATHLEEN J. CASSATA **PRES** 04/23/2007