


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000091279
 1. Entity Name
 GLASS CONCEPTS & DESIGN, INC.



Principal Place of Business Mailing Address
 1978 STANHOME WAY 1978 STANHOME WAY
 ORLANDO, FL 32804 US ORLANDO, FL 32804 US

DO NOT WRITE IN THIS SPACE



01052005 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 59-3744104 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 KOLTUN, JEFFREY M ESQUIRE
 557 NORTH WYMORE ROAD, STE. 100
 MAITLAND, FL 32751

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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating). DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LUKENS, RALPH F JR
STREET ADDRESS	8735 BAY RIDGE BLVD
CITY-ST-ZIP	ORLANDO, FL 32819
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

UN0000183013
 01/19/05-80050-019 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  1/5/05 407-540-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #