


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 8:00 am
Secretary of State

01-17-2007 90054 035 ***150.00

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DOCUMENT # P01000102782			
1. Entity Name NEW CENTURY GLASS, INC.			
Principal Place of Business 3899 MANNIX DR. UNIT 417 NAPLES, FL 34114		Mailing Address 3899 MANNIX DR. UNIT 417 NAPLES, FL 34114	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <i>2715 Randall Blvd.</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>Naples, FL.</i>	
Zip	Country	Zip <i>34120</i>	Country <i>USA.</i>
4. FEI Number 59-3757505		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LOPEZ, NYDIA C 2715 RANDALL BLVD NAPLES, FL 34120		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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: <i>Nydia Lopez</i>		DATE: <i>1-8-07</i>	
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, JUAN M	NAME	
STREET ADDRESS	2715 RANDALL BLVD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE	VPST	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, NYDIA C	NAME	
STREET ADDRESS	2715 RANDALL BLVD	STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 34120	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Nydia Lopez</i>		DATE: <i>1-8-07</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone # <i>239-352-0003</i>	