2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046072

Entity Name: GLASNY INC.

FILED Mar 05, 2004 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

1496 WEST STATE ROAD 434 LONGWOOD, FL 32750

Current Mailing Address: New Mailing Address:

1496 WEST STATE ROAD 434 LONGWOOD, FL 32750

FEI Number: 01-0780071 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:

WILLIAMS, MICHAEL J 1496 WEST STATE ROAD 434 LONGWOOD, FL 32750

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: P () Delete Title: P (X) Change () Addition

Name: WILLIAMS, MICHAEL J Name: WILLIAMS, MICHAEL J

Address: 3940 TOWNSHIP SQ BLVD #1123 Address: 11324 COLONY SQUARE DR #3022

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

Name: SHERIDAN, MARTIN J Name: SHERIDAN, MARTIN J

Address: 3940 TOWNSHIP SQ BLVD #1123 Address: 11324 COLONY SQUARE DR #3022

City-St-Zip: ORLANDO, FL 32837 City-St-Zip: ORLANDO, FL 32837

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL J WILLIAMS P 03/05/2004