2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 19, 2007 08:00 AM DOCUMENT # P03000115988 **Secretary of State** A.A. GLASS SERVICE, INC. Principal Place of Business Mailing Address 2920 NINTH STREET NORTH 2920 NINTH STREET NORTH ST PETERSBURG, FL 33704 ST PETERSBURG, FL 33704 07112007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 80-0079178 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HOLDER, BRENDA J DO NOT WRITE 2920 NINTH STREET NORTH ST PETERSBURG, FL 33704 IN THIS SPACE 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Due by September 14, 2007 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME HOLDER, REGINALD E STREET ADDRESS 2920 NINTH STREET NORTH U0000076960S 07/19/07-80007-022 150.00 CITY-ST-ZIP ST PETERSBURG, FL 33704 TITLE NAME HOLDER, BRENDA J STREET ADDRESS 2920 NINTH STREET NORTH CITY-ST-78P ST PETERSBURG, FL 33704 TITLE HOLDER, BRENDA J NAME STREET ADDRESS 2920 NINTH STREET NORTH DO NOT WRITE CITY-ST-ZP ST PETERSBURG, FL 33704 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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:

STREET ADDRESS C((Y-5%-7)P TITLE NAME STREET ADDRESS CITY-ST-ZIP