

SIGNATURE:

2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 27, 2006 8:00 am Secretary of State 04-27-2006 90201 017 ***150.00 **DOCUMENT # P03000128656** GLENN DOORS, INC. 40067160 Principal Place of Business Mailing Address 6079 TOWN COLONY DR. 6079 TOWN COLONY DR. 1013 1013 BOCA RATON, FL 33433 BOCA RATON, FL 33433 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04202006 CR2E034 (11/05) City & State 4. FEI Number City & State Applied For 20-0381780 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDNER, JOHN Street Address (P.O. Box Number is Not Acceptable) 6029 TOWN COLONY DR APT #1013 BOCA RATON, FL 33433 City 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 SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSD TETLE ☐ Defete TITLE ☐ Change ☐ Addition GARDNER, JOHN NAME NAME STREET ADDRESS 6079 TOWN COLONY DR. APT # 1013 STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33433 CITY-ST-7IP TITLE ☐ Delete TITLE Change | Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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.

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED