FILED 2006 FOR PROFIT CORPORATION Mar 02, 2006 08:00 AN **ANNUAL REPORT Secretary of State** DOCUMENT # P04000057573 GLASS FILM, INC. Principal Place of Business Mailing Address 4637 50TH AVENUE WEST 4637 50TH AVENUE WEST BRADENTON, FL 34210 BRADENTON, FL 34210 02242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 73-1700970 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILCOX, DAVID W ESQ DO NOT WRITE 308 13TH STREET WEST BRADENTON, FL 34205 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. 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 U00000453658 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees <u> 03/14/06-80031-001 150 00</u> OFFICERS AND DIRECTORS 10. TITLE OLSEN, FLOYD W NAME STREET ADDRESS 4637 50TH AVENUE WEST CITY-ST-ZIP BRADENTON, FL 34210 TITLE NAME OLSEN, DIANA P 4637 50TH AVENUE WEST STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34210 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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.

SI	G	VΔ	TI	IR	F٠

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

> liana o. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #