

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000088675

FILED
Apr 28, 2006
Secretary of State

Entity Name: PROTECT YOUR GLASS, INC.

Current Principal Place of Business:

1125 SENECA TRAIL
ST.CLOUD, FL 34772 US

New Principal Place of Business:

1424 HAMLIN AVENUE
G
ST.CLOUD, FL 34771 US

Current Mailing Address:

1125 SENECA TRAIL
ST.CLOUD, FL 34772 US

New Mailing Address:

1424 HAMLIN AVENUE
G
ST.CLOUD, FL 34771 US

FEI Number: 20-3032919

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURKE, JOHN F
715 BUNKER LANE
KISSIMMEE, FL 34759 US

Name and Address of New Registered Agent:

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:

Title: PTD () Delete
Name: BURKE, JOHN F
Address: 715 BUNKER LANE
City-St-Zip: KISSIMMEE, FL 34759 US

Title: VPSD () Delete
Name: WRIGHT, KEITH C
Address: 1125 SENECA TRAIL
City-St-Zip: ST. CLOUD, FL 34772 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JOHN F. BURKE

PRES

04/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date