



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 10, 2006 8:00 am**  
**Secretary of State**

05-10-2006 90101 039 \*\*\*158.75

<b>DOCUMENT # P05000118833</b> 1. Entity Name <b>A-FRAMELESS GLASS &amp; MIRROR, INC.</b>					
Principal Place of Business <b>5815 DAHLIA AVENUE NEW PORT RICHEY, FL 34652</b>			Mailing Address <b>5815 DAHLIA AVENUE NEW PORT RICHEY, FL 34652</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>5408 St James Dr</b> Suite, Apt. #, etc.			
City & State <b>New Port Richey, FL</b>		City & State <b>New Port Richey, FL</b>		4. FEI Number <b>90-0248632</b>	
Zip <b>34652</b>		Country <b>USA</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>EDWARD, JULIE 5815 DAHLIA AVENUE NEW PORT RICHEY, FL 34652</b>				7. Name and Address of New Registered Agent Name <b>Kelly Drew</b> Street Address (P.O. Box Number is Not Acceptable) <b>5408 St James Drive</b> City <b>New Port Richey</b> <b>FL</b> Zip Code <b>34652</b>	
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 <b>Kelly L Drew</b> , <b>Kelly Drew, Accountant</b> <b>4-26-06</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPT WADE, JR., LEONARD F 5815 DAHLIA AVENUE NEW PORT RICHEY, FL 34652	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.S.T.D Wade Jr, Leonard F 5815 Dahlia Avenue New Port Richey, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV EDWARDS, JULIE 5815 DAHLIA AVENUE NEW PORT RICHEY, FL 34652	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS WADE, SR., LEONARD F 17702 BOY SCOUT ROAD ODESSA, FL 33602	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <b>Leonard F Wade Jr</b> <b>813-244-1317</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					