2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 20, 2006 8:00 am Secretary of State

3,14.06 727 543-9350

DOCUMENT # P05000146229 1. Entity Name BAYLINE GLASS, INC.					03-20-2006 90002 036 ***150.00				
Principal Place of Business Mailing Address					1				
3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761		3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761		• 1	1 (201000)	. 4	ri 1701a Br010 Grand		
2. Principal Pi	ace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03042006	Chg-P	CR2E034	(11/05)	
City & State	9	City & State			EEI Numbe	20-3689	941		plied For t Applicable
Zip	Country	Zip	Coun	try	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Curren	7. Name and Address of New Registered Agent							
CANADA, EDWARD G 3350 SANDY RIDGE DRIVE				Name Street Address (P.O. Box Number is Not Acceptable)					
CLEARWATER, FL 33761									
				City			FL	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 the obligations of registered agent. SIGNATURE Signature specification of printed name of registered agent and like II applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.									
10.	OFFICERS AND DIRECTORS 11.				ADDITIONS/	CHANGES TO OFF	ICERS AND D	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS CITY+ST-ZIP	P CANADA, EDWARD G 3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761	☐ Detete		1]	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CANADA, KIMBERLY A 3350 SANDY RIDGE DRIVE CLEARWATER, FL 33761	☐ Delete					(Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					l	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		C Delcie					1	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					•	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		B				☐ Change	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 receive 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									

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR