

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000158503

FILED
Apr 27, 2007
Secretary of State

Entity Name: SUNSHINE PERFORMANCE GLASS, INC.

Current Principal Place of Business:

PO BOX 15216
TAMPA, FL 336845216

New Principal Place of Business:

5300 ADAMO
SUITE F
TAMPA, FL 33619 US

Current Mailing Address:

PO BOX 15216
TAMPA, FL 336845216

New Mailing Address:

FEI Number: 20-3917545 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELOZORY, TODD
5300 W KNOX
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

HARMON, WILLIAM D
5300 ADAMO
SUITE F
TAMPA, FL 33619 US

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: WILLIAM D HARMON

04/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCHUGH, MICHAEL P
Address: 6600 LIMBERLOST CT
City-St-Zip: SOLON, OH 44139

Title: D () Delete
Name: ELOZORY, DANIEL TOBY
Address: 13811 SHADY SHORES DR
City-St-Zip: TAMPA, FL 336134141

Title: D () Delete
Name: ROBERTSON, JOHN W
Address: 12545 CHESTERFIELD LANE
City-St-Zip: CHESTERFIELD, OH 44026

Title: D () Delete
Name: CROWL, RONALD
Address: 1455 DANNER DR
City-St-Zip: AURORA, OH 44202

Title: D () Delete
Name: ELOZORY, TODD
Address: 11431 KNIGHTS GRIFFIN RD
City-St-Zip: THONOTOSASSA, FL 335922626

Title: D () Delete
Name: BRUCCOLIERE, RONALD
Address: 15203 LEITH WALK LANE
City-St-Zip: TAMPA, FL 33618

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: WILLIAM D HARMON

CONT

04/27/2007

Electronic Signature of Signing Officer or Director

Date