2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# P06000043058

Entity Name: FOSTER'S GLASS INC

Current Principal Place of Business:

2861 SE WILTSHIRE TERRACE
PORT ST. LUCIE, FL 34952

New Principal Place of Business:

5350 NW AKBAR TERRACE
PORT ST. LUCIE, FL 34986

Current Mailing Address:

2861 SE WILTSHIRE TERRACE
PORT ST. LUCIE, FL 34952

New Mailing Address:

5350 NW AKBAR TERRACE
PORT ST. LUCIE, FL 34986

FEI Number: 20-4563872 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FOSTER, MICHAEL
2513 SE MORNINGSIDE BLVD
PORT ST. LUCIE, FL 34952 US

Name and Address of New Registered Agent:

FOSTER, MICHAEL
5350 NW AKBAR TERRACE
PORT ST. LUCIE, FL 34986 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: _____ 04/24/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: FOSTER, MICHAEL
Address: 2861 SW WILTSHIRE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952 US

Title: VP ( ) Delete
Name: FOSTER, MICHELLE
Address: 2861 SE WILTSHIRE TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: FOSTER, MICHAEL
Address: 5350 NW AKBAR TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986 US

Title: VP (X) Change ( ) Addition
Name: FOSTER, MICHELLE
Address: 5350 NW AKBAR TERRACE
City-St-Zip: PORT ST. LUCIE, FL 34986

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: MICHAEL T. FOSTER PRES 04/24/2008
Electronic Signature of Signing Officer or Director — Date