

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000134253

1. Entity Name
AMERICAN GLASS WORKS INC



FILED

07 MAY -1 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Handwritten Signature]



04232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5779231

Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

Principal Place of Business
2599 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

Mailing Address
2599 N. ORANGE BLOSSOM TRAIL
KISSIMMEE, FL 34744 US

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Zip Country

6. Name and Address of Current Registered Agent
NARBONNE, BRIAN
2998 SUN POINTE COURT
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NARBONNE, BRIAN 2998 SUN POINTE COURT KISSIMMEE, FL 34741 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, JANET 2599 N. ORANGE BLOSSOM TRAIL KISSIMMEE, FL 34744 <input type="checkbox"/> Change <input checked="" 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	500103036415 05/23/07--01013--022 <input type="checkbox"/> Change <input type="checkbox"/> Addition **\$1.25
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"/> 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: Brian Narbonne 4-19-07 407-932-4010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #