

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000078533

FILED
Apr 23, 2009
Secretary of State

Entity Name: SHATTERING THE GLASS, INC.

Current Principal Place of Business:

7550 SW 4TH STREET
PLANTATION, FL 33317

New Principal Place of Business:

7027 W BROWARD BLVD
#377
PLANTATION, FL 33317

Current Mailing Address:

7550 SW 4TH STREET
PLANTATION, FL 33317

New Mailing Address:

7027 W BROWARD BLVD
#377
PLANTATION, FL 33317

FEI Number: 26-3316989

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEDEK, KATHY
7550 SW 4TH STREET
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: DEDEK, KATHY
Address: 7550 SW 4TH STREET
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: ORR, HALEY
Address: 7550 SW 4TH STREET
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: KATHY ORR DEDEK

P

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date