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Secretary of State
04-21-2008 90043 048 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000045672

1. Entity Name
ALUMINUM & GLASS DOOR, INC.

40073077

Principal Place of Business	Mailing Address
2270 NW 30TH PL POMPANO BEACH, FL 33069	4800 N FEDERAL HWY STE 307B BOCA RATON, FL 33431 US

03032008 Chg-P CRZE034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. STE - 301
City & State	City & State BOCA RATON, FL
Zip / Country	Zip 33432 / Country US

4. FEI Number 65-0615858 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAP SERVICE CORPORATION ~~4800 NO. FEDERAL HIGHWAY STE 307-B~~ 350 CAMINO GARDENS BLVD. STE 301 BOCA RATON, FL ~~33431~~ 33432	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BRADLEY R DOYLE 2915 SW 22ND AVE 104 DELRAY BCH, FL 33445	☐ Delete	P Bradley R. Doyle 164 Las Brisas Circle Hypoluxo, FL 33462	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST JOHN V DOYLE, JR 1025 NW 8TH TERR BOCA RATON, FL 33486	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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 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: John V. Doyle Jr. 3/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #