

P96000050748

Cal E. Shuster  
Attorney at Law  
7009 Shadowood Circle  
Mount Dora, FL 32757

(Address)

(City/State/Zip/Phone #)

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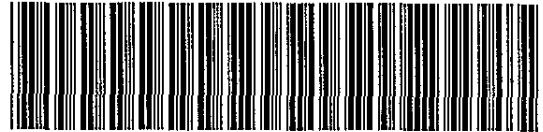
(Business Entity Name)

(Document Number)

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September 25, 2004

Teresa Brown, Document Specialist  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: GLASS SENTINAL CHANGES & LETTER NUMBER: 604A00056042**

Dear Ms. Brown,

Enclosed is the original of the STATEMENT OF CHANGE OF REGISTERED  
OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS per  
your request.

Sincerely,  
  
Cal Shuster  
Bar Number 0640621



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

September 23, 2004

CAL E. SHUSTER  
ATTORNEY AT LAW  
7009 SHADOWOOD CIRCLE  
MOUNT DORA, FL 32757

SUBJECT: GLASS SENTINAL PRODUCTS, INC.  
Ref. Number: P96000050748

We have received your document for GLASS SENTINAL PRODUCTS, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must have original signatures.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6869.

Teresa Brown  
Document Specialist

Letter Number: 604A00056042

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of FLORIDA in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: GLASS SENTINEL PRODUCTS, INC.  
2. The principal office address: 7009 SHADOWOOD CIRCLE  
MT. DORA, FL 32757  
3. The mailing address (if different): \_\_\_\_\_

4. Date of incorporation/qualification: 6-13-1996 Document number: P96000050748

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

MARK EASTON  
1035 SUNSHINE LANE, SUITE 108  
ALTAMONTE SPRINGS, FL 32714

6. The name and street address of the new registered agent (if changed) and /or registered office changed):

MICHAEL O'SHEA  
7009 SHADOWOOD CIRCLE  
(P.O. Box or personal mailbox NOT acceptable)  
MT. DORA, FL 32757

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Calvin E. Shuster  
(Signature of an officer, chairman or vice chairman of the board)

CALVIN E SHUSTER, CHAIRMAN  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Michael O'Shea  
(Signature of Registered Agent)

8/24/04  
(Date)

If signing on behalf of an entity:

MICHAEL O'SHEA  
(Typed or Printed Name)

PDST  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*