2006 FOR PROFIT CORPORATION

Apr 20, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # P97000029760** 04-20-2006 90169 008 ***158.75 PROGRESSIVE GLASS & MIRRORS INC. Mailing Address Principal Place of Business quuuv 9180 KEATING DRIVE PROGRESSIVE GLASS AND MIRROR 1515 CYPRESS DR PALM BEACH GARDENS, FL 33410 JUPITER, FL 33469 2. Principal Place of Business Suite, Apt. #, etc. 04172006 Chg-P CR2E034 (11/05) Applied For City & State 4. FEI Number City & State 65-0740697 Not Applicable Zip Country \$8.75 Additional Country G.Farch 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOR UUKI STANISLAU **BORUCKI, STANISLAW** Street Address (P.O. Box Number is Not Acceptable) 9180 KEATING DRIVE PALM BEACH GARDENS, FL 33410 City TOR 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 lamiliar with, and accept (PRESIDENT the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. BORUCKI, STANISLAW 15434 MELLEN LN TITLE ☐ Delete TITLE **BORUCKI, STANISLAW** NAME NAME STREET ADDRESS 9180 KEATING DR STREET ADDRESS UPITER FL 33478 PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Defete TITLE NAME BORUCKI, ALINA NAME STREET ADDRESS 9180 KEATING DR STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE STANISWAW BORUCKI, STANISLAW E NAME NAME 192 BLACKWATTEL STREET ADDRESS 9180 KEATING DR STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP PALM BEACH GARDENS, FL 33410 Addition Delete TITLE ☐ Change TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TITLE TITLE

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.

CITY-ST-ZIP

NAME STREET ADDRESS

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED