


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 10, 2006 8:00 am
Secretary of State

05-10-2006 90097 039 ***150.00

DOCUMENT # P97000084149 1. Entity Name MOONLIGHT AUTO GLASS, INC.					
Principal Place of Business 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266				Mailing Address 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266	
2. Principal Place of Business 7602 N. MAIN ST. Suite, Apt. #, etc.		3. Mailing Address 7602 N. MAIN ST. Suite, Apt. #, etc.			
City & State JACKSONVILLE, FL Zip 32208 Country FL		City & State JACKSONVILLE, FL Zip 32208 Country FL		4. FEI Number 59-3471110	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LINGER, DAVID M 302 3RD ST, STE 5 NEPTUNE BEACH, FL 32266				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD WALSH, JOHN 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTSD 7602 N. MAIN ST. JACKSONVILLE, FL 32208	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALSH, KATHY 1422 INDIAN WOODS DR NEPTUNE BEACH, FL 32266		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"/> Delete		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"/> Delete		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"/> Delete		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"/> Delete		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: <i>John D. Walsh</i>			Date 4-21-06 Daytime Phone # 904-764-1240		

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