2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000038249

FILED Apr 17, 2009 Secretary of State

Entity Name: GLASS GUARD HURRICANE SECURITY CO., INC.

Current P	rincinal Place	of Business:	New Principal Place	of Rusiness
			new Fillicipal Flace	or Business.
6130 CLAI STE 103	RK CENTER A	VE		
	A, FL 34238			
Current Mailing Address:		New Mailing Address:		
STE 103	RK CENTER A	VE		
SARASOT	A, FL 34238			
FEI Number	: 65-0917660	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
STE 103	RK CENTER A			
SARASOT	A, FL 34238	US		
The above	,		ourpose of changing its registere	ed office or registered agent, or both,
The above	named entity e e of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
The above in the State	named entity e e of Florida. RE:			ed office or registered agent, or both, Date
The above n the State SIGNATUI	named entity e e of Florida. RE: Electror	submits this statement for the		
The above in the State SIGNATUI	named entity e e of Florida. RE: Electror	submits this statement for the paid of the paid of the paid of Registered Agground Trust Fund Contribution ().	ent	
The above in the State SIGNATUI	e named entity : e of Florida. RE: Electror mpaign Financing S AND DIREC	submits this statement for the pair of the pair of Signature of Registered Agg Trust Fund Contribution (). TORS: Delete MILANO	ent	Date
The above in the State SIGNATUI	e named entity: e of Florida. RE: Electror mpaign Financing S AND DIREC P () LUJAN, TONY 370 AVENIDA N SARASOTA, FL VP (X MATHIS, KEVIN	submits this statement for the paic Signature of Registered Agg Trust Fund Contribution (). TORS: Delete July 100 Delete	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: TONY LUJAN P 04/17/2009