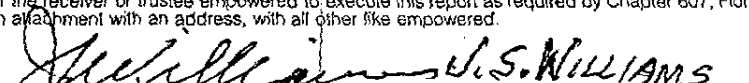


FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # S28312 1. Entity Name DESIGNED CRAFT GLASS & MIRRORS, INC.				Feb 13, 2006 08:00 AM Secretary of State	
Principal Place of Business 1622 NE 12 TERR FORT LAUDERDALE FL 33305		Mailing Address 1622 NE 12 TERR FORT LAUDERDALE FL 33305			
2. Principal Place of Business		3. Mailing Address		1st MOORE CR2E034 (10/05)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0241343	
City & State		City & State		Applied For Not Applied	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAMS, J.S. 1622 NE 12 TERR FORT LAUDERDALE FL 33305				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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	PD RILEY, BRUCE E 1622 NE 12 TERR FORT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add U00000430997 02/23/06-80009-024 150.00	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	STD WILLIAMS, J.S. 1622 NE 12TH TERR FORT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	VD WILLIAMS, RUTH M 1622 NE 12TH TERRACE FORT LAUDERDALE FL 33305	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add	
TITLE NAME STREET ADDRESS CITY-ST- ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST- ZIP	☐ Change ☐ Add	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  J.S. WILLIAMS 2-9-06 954 746 510					