2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V52202

Entity Name: WORLD GLASS IMPORTS INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
955 S. CONGRESS AVENUE SUITE #109 DELRAY BEACH, FL 33445	
Current Mailing Address:	New Mailing Address:
955 S. CONGRESS AVENUE SUITE #109 DELRAY BEACH, FL 33445	
FEI Number: 65-0343956 FEI Number Applied Fo	or () FEI Number Not Applicable () Certificate of Status Desired ()
Name and Address of Current Registered A	gent: Name and Address of New Registered Agent:
WINTHROP, SUSAN 955 S. CONGRESS AVENUE SUITE 109 DELRAY BEACH, FL 33445 US	
The above named entity submits this statement in the State of Florida.	for the purpose of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Regist	ered Agent Date
Election Campaign Financing Trust Fund Contribution	ı ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD () Delete Title: VP (X) Change () Addition Name: SANSONETTE, MARK Name: SANSONETTE, MARK

Address: 955 S. CONGRESS AVENUE, SUITE #109 Address: 955 S. CONGRESS AVENUE, SUITE #109

City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete Title: PRES (X) Change () Addition Name: SANSONETTE, MARK Name: WINTHROP, SUSAN

Address: 955 S. CONGRESS AVENUE, SUITE #109 Address: 955 S.CONGRESS AVE
City-St-Zip: DELRAY BEACH, FL 33445 City-St-Zip: DELRAY BEACH, FL 33445

Title: PD (X) Delete Title: () Change () Addition

 Name:
 WINTHROP, SUSAN
 Name:

 Address:
 955 S CONGRESS AVE SUITE 109
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

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: MARK SANSONETTE VP 03/24/2009