

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**Jul 05, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # V57335</b>		
1. Entity Name <b>EAST COAST ARCHITECTURAL GLASS, INC.</b>		
Principal Place of Business <b>137 TOMAHAWK DRIVE INDIAN HARBOUR BEACH, FL 32937 US</b>		Mailing Address <b>P.O. BOX 372607 SUITE 355 SATELLITE BEACH, FL 32937-0607 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
06302005 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>65-0351084</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>NASON, DAN 569 VERBENIA CT SATELLITE BEACH, FL 32937</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE	CPT	
NAME	NASON, DAN	
STREET ADDRESS	569 VERBENIA CT	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE	D	
NAME	NASON, DAN	
STREET ADDRESS	569 VERBENIA CT	
CITY-ST-ZIP	SATELLITE BEACH, FL 32937	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Dan Nason</u>		6/30/05 321-777-2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #