2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005
Secretary of State

DOCUMENT# 263612

Entity Name: AMERICAN LOUVERED PRODUCTS COMPANY

Current Principal Place of Business:

4910 W. KNOLLWOOD
TAMPA, FL 336348002

New Principal Place of Business:

4910 W. KNOLLWOOD
TAMPA, FL 33634

Current Mailing Address:

4910 W. KNOLLWOOD
TAMPA, FL 336348002

New Mailing Address:

4910 W. KNOLLWOOD
TAMPA, FL 33634

FEI Number: 59-0996568 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SAUNDERS JR, JOHN H.
4910 W KNOLLWOOD
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

SAUNDERS, JOHN H PRES.
4910 W KNOLLWOOD
TAMPA, FL 33634 US

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.

SIGNATURE: JOHN SAUNDERS 04/29/2005
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: ST (X) Delete
Name: SAUNDERS JR,JOHN H,
Address: 4910 W. KNOLLWOOD
City-St-Zip: TAMPA, FL 33634

Title: AS (X) Delete
Name: WELCH,JAMES S,
Address: 4910 W. KNOLLWOOD
City-St-Zip: TAMPA, FL 33634

Title: P ( ) Delete
Name: SAUNDERS,JOHN H.(ASS, T.)
Address: 4910 W. KNOLLWOOD
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: SAUNDERS, JOHN H P , S
Address: 4910 W. KNOLLWOOD
City-St-Zip: TAMPA, FL 33634

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN SAUNDERS P 04/29/2005
Electronic Signature of Signing Officer or Director Date