2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 291784

FILED Jul 01, 2004 Secretary of State

Entity Name: AMERICAN SCREEN ENCLOSURES INC

| Entity Nar | Me: AMERIC | AN SCREEN ENCLOSURES, I | INC. | | |
|---|--|----------------------------------|---|--|--|
| Current Principal Place of Business: | | | New Principal Plac | New Principal Place of Business: | |
| | 22 COURT #5 O BEACH, FL | | | | |
| Current Mailing Address: | | | New Mailing Addre | New Mailing Address: | |
| | 22 COURT #5 O BEACH, FL | | | | |
| FEI Number: | : 59-1097684 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of | Current Registered Agent: | Name and Address | of New Registered Agent: | |
| SMALARZ 2821 NE 4 LIGHTHOS | | EL 33064 US | | | |
| | e named entity e of Florida. | submits this statement for the p | ourpose of changing its register | red office or registered agent, or both, | |
| SIGNATUR | RE: | | | | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: City-St-Zip: | FRALEY, PAM 5554 COURT | | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | PTSD (SMALARZ, RU 2821 N.E. 48T LIGHTHOUSE | H ST. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | SMALARZ, LO 3485 TEE TER | | Title: Name: Address: City-St-Zip: | () Change () Addition | |

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: RUTH D SMALARZ P 07/01/2004