
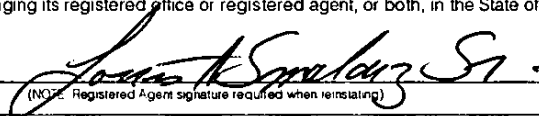


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2005 8:00 am
Secretary of State

03-11-2005 90306 032 ***150.00

DOCUMENT # 291784					
1. Entity Name AMERICAN SCREEN ENCLOSURES, INC.					
Principal Place of Business 1700 NW 22 COURT #5 POMPANO BEACH FL 33069			Mailing Address 1700 NW 22 COURT #5 POMPANO BEACH FL 33069		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1097684	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMALARZ, RUTH D 2821 NE 48TH ST LIGHTHOUSE POINT FL 33064			Name LOUIS A. SMALARZ SR.		
			Street Address (P.O. Box Number is Not Acceptable) 2821 NE 48TH ST		
			City LIGHTHOUSE POINT FL Zip Code 33064		
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 <u>LOUIS A. SMALARZ SR.</u>  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	CDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRALEY, PAMELA		NAME	JAMICK Y. BABCOCK	
STREET ADDRESS	5554 COURTYARD DR.		STREET ADDRESS	2821 NE 48TH ST.	
CITY-ST-ZIP	POMPANO BEACH FL 33063		CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	PTSD	<input checked="" type="checkbox"/> Delete	TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALARZ, RUTH D.		NAME	LOUIS A. SMALARZ SR.	
STREET ADDRESS	2821 N.E. 48TH ST.		STREET ADDRESS	2821 NE 48TH ST	
CITY-ST-ZIP	LIGHTHOUSE PT. FL		CITY-ST-ZIP	LIGHTHOUSE PT FL 33064	
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMALARZ, LOUISE SR		NAME	LOUIS A. SMALARZ JR.	
STREET ADDRESS	3485 TEE TERR		STREET ADDRESS	1231 NE 23 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069		CITY-ST-ZIP	POMPANO BCH FL 33062	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		



1st MOORE CR2E034 (10/04)

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: **LOUIS A. SMALARZ SR.**  DATE **3/10/05** DAYTIME PHONE # **954 960 0635**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR