2005 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 25, 2005 08:00 AM **Secretary of State** DOCUMENT # F95000004923 1. Entity Name AMERICAN GFM CORPORATION Principal Place of Business_ Mailing Address 1200 CAVALIER BLVD. 1200 CAVALIER BLVD. CHESAPEAKE, VA 23323 CHESAPEAKE, VA 23323 02182005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 54-1059861 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE KRALOWETZ, ROBERT NAME STREET ADDRESS 1200 CAVALIER BLVD CHESAPEAKE, VA CITY-ST-ZIP *U00000243451* 02/25/05-80043-001 150.00 MCCABE, RONALD L NAME 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE, VA S TITLE MACKINLAY, EDGAR H NAME STREET ADDRESS 1200 CAVALIER BLVD DO NOT WRITE CITY-ST-ZIP CHESAPEAKE, VA IN THIS SPACE TITLE KRALOWETZ, ROBERT NAME STREET ADDRESS 1200 CAVALIER BLVD CITY-ST-ZIP CHESAPEAKE, VA VT TITLE HALL, JEFF R NAME 1200 CAVALIER BLVD STREET ADDRESS CITY-ST-ZIP CHESAPEAKE, VA TITLE NAME STREET ADDRESS

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:

CITY-ST-ZIP

A CHALL TETE & 1

BAND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/22/05

<u> 157 4872442</u>

FILED