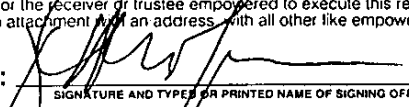


2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-11-2005 90190 029 ***150.00

DOCUMENT # P03000008908 1. Entity Name AMEROM INDUSTRIES, INC.					
Principal Place of Business 5975 NORTH FEDERAL HWY. STE. 106 FORT LAUDERDALE, FL 33308			Mailing Address 5975 NORTH FEDERAL HWY. STE. 106 FORT LAUDERDALE, FL 33308		
2. Principal Place of Business 160 Robbins Rd Suite, Apt. #, etc.		3. Mailing Address 160 Robbins Rd Suite, Apt. #, etc.		50036492 	
City & State Downingtown, PA Zip 19335 Country U.S.A.		City & State Downingtown, PA Zip 19335 Country U.S.A.		4. FEI Number 43-1995143	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				01102005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent FILINGS, INC. 3732 N.W. 16TH ST. FT. LAUDERDALE, FL 33311			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City FL Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD POPOVICI, DORO 7448 LA PAZ PLACE, #106 BOCA RATON, FL 33433	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	107 Truman Bridge Rd. Black Hawk Circle, #15 Downingtown, PA 19335
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MANCIU, PETER 7448 LA PAZ PLACE, #106 BOCA RATON, FL 33433	☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD MUNTEAN, PETER 680 E. Recirculate Rd Coatesville, PA 19320
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		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: 			X 03/30/05 610-873-4500 Date Daytime Phone #		