2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 03, 2005
Secretary of State

DOCUMENT# P04000028753

Entity Name: ABE ARCHITECTECTURAL FOAM, INC.

Current Principal Place of Business:

516 QUEEN BRIDGE DRIVE
LAKE MARY, FL 32746

New Principal Place of Business:

320 MACGREGOR RD
WINTER SPRINGS, FL 32708

Current Mailing Address:

516 QUEEN BRIDGE DRIVE
LAKE MARY, FL 32746

New Mailing Address:

320 MACGREGOR RD
WINTER SPRINGS, FL 32708

FEI Number: 20-1048230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ACOSTA, CARLOS W SR
516 QUEEN BRIDGE DRIVE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

ACOSTA, CARLOS W SR
320 MACGREGOR RD
WINTER SPRINGS, FL 32708 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: _____ 09/03/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: ACOSTA, CARLOS W SR.
Address: 516 QUEEN BRIDGE DRIVE
City-St-Zip: LAKE MARY, FL 32746

Title: T ( ) Delete
Name: VIGNOLI, MARGARITA G MRS.
Address: 516 QUEEN BRIDGE DRIVE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: ACOSTA, CARLOS W SR.
Address: 320 MACGREGOR RD
City-St-Zip: WINTER SPRINGS, FL 32708

Title: T (X) Change ( ) Addition
Name: VIGNOLI, MARGARITA G MRS.
Address: 320 MACGREGOR RD
City-St-Zip: WINTER SPRINGS, FL 32708

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: CARLOS W. ACOSTA P 09/03/2005
Electronic Signature of Signing Officer or Director — Date