2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 289107

MATTEI, DAWN M

13694 GREENTREE TR.

W PALM BCH, FL 33414

Name:

Address:

City-St-Zip:

MERICAN AWNING COMPANY INC.

FILED Jan 09, 2006 Secretary of State

Entity Nan	ne: AMERICAN	I AWNING COMPAN'	Y, INC.	
Current Pr	rincipal Place of	f Business:	New Principal I	Place of Business:
	NGHAM BLVD. BEACH, FL 3340	05 US		
Current Ma	ailing Address:	:	New Mailing A	ddress:
537 PINE T W. PALM E	ERRACE BEACH, FL 3340	05 US		
FEI Number:	59-1088690	FEI Number Applied For	() FEI Number Not Applicable	() Certificate of Status Desired ()
Name and	Address of Cui	rrent Registered Ag	ent: Name and Add	ress of New Registered Agent:
88 TANBAR	NGHAM BLVD.	33414 US	DI PERSICO, DA 537 PINE TER. WEST PALM BE	ALE A EACH, FL 33405 US
The above in the State		bmits this statement f	or the purpose of changing its reg	istered office or registered agent, or both,
SIGNATUR	RE:			01/09/2006
	Electronic	Signature of Registe	red Agent	Date
Election Cam	npaign Financing T	rust Fund Contribution	().	
OFFICERS	AND DIRECTO	ORS:	ADDITIONS/CH	IANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	D () De DI PERSICO, STE 537 PINE TERRAC WEST PALM BEA	EPHANY CE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	P () De DI PERSICO, DAL 88 TANBARK W PALM BCH, FL	.E	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	V () De DI PERSICO, DAN 110 PRIVATER PO JUPITER, FL 334	NIEL DINT DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	ST ()De	elete	Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

Name:

Address:

City-St-Zip:

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