


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2005 8:00 am
Secretary of State

02-14-2005 90042 043 ***150.00

DOCUMENT # 848621			
1. Entity Name AMERICAN INSTANTS, INC.			
Principal Place of Business 117 BARTLEY FLANDERS RD. P.O. BOX 536 FLANDERS, NJ 07836 US		Mailing Address P.O. BOX 817 P.O. BOX 536 FLANDERS, NJ 07836 US	
2. Principal Place of Business 117 BARTLEY FLANDERS RD		3. Mailing Address PO BOX 817	
Suite, Apt. #, etc. PO BOX 817		Suite, Apt. #, etc.	
City & State FLANDERS NJ		City & State FLANDERS NJ	
Zip 07836	Country US	Zip 07836	Country US
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
KIRSCHNER, MITCHELL B. C/O DILWORTH, PAXSON, KALISH, KAUFFMAN & TYLAND SUITE 700, 150 E. PALMETTO PARK ROAD BOCA RATON, FL 33432		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 _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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 NAME STREET ADDRESS CITY - ST - ZIP	CEO ROCHE, THOMAS J., JR. 7 SUMMIT RD. BROOKSIDE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD ROCHE, CHRISTOPHER T. 7 SUMMIT RD. BROOKSIDE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD ROCHE, VERA T. 7 SUMMIT RD. BROOKSIDE, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Thomas J. Roche, CEO</u>		Date: <u>2-9-05</u>	Daytime Phone #: <u>973-584-8811</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #