2007 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State 02-26-2007 90061 038 ***150.00 **DOCUMENT #848621** AMERICAN INSTANTS, INC. գսս⊷ - ~ Mailing Address Principal Place of Business 117 BARTLEY FLANDERS RD P.O. BOX 817 FLANDERS, NJ 07836 P.O. BOX 817 FLANDERS, NJ 07836 US 02092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-1670383 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent KIRSCHNER, MITCHELL B. DO NOT WRITE C/O DILWORTH PAXSON KALISH KAUFFMAN&TYLAND SUITE 700, 150 E. PALMETTO PARK ROAD IN THIS SPACE BOCA RATON, FL 33432 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. CEO TITLE NAME ROCHE, THOMAS J., JR. 7 SUMMIT RD. STREET ADDRESS CITY-ST-ZIP BROOKSIDE, NJ PΩ TITLE ROCHE, CHRISTOPHER T. NAME 7 SUMMIT RD. STREET ADDRESS CITY-ST-ZIP BROOKSIDE, NJ STD IIIIF NAME ROCHE, VERA T. 7 SUMMIT RD. STREET ADDRESS DO NOT WRITE CITY-ST-ZIP BROOKSIDE, NJ IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

FILED Feb 26, 2007 8:00 am