

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005808

FILED
Apr 27, 2005
Secretary of State

Entity Name: A + MASTER BLASTER, INC.

Current Principal Place of Business:

4340 SOUTH VALLEY VIEW, STE. #230
LAS VEGAS, NV 89103

New Principal Place of Business:

3951 S WILLIAM AVE
INVERNESS, FL 34452

Current Mailing Address:

PO BOX 30610
LAS VEGAS, NV 891730610

New Mailing Address:

3951 S WILLIAM AVE
INVERNESS, FL 34452

FEI Number: 27-0067021

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCLAIN, MICHAEL
3951 S WILLIAM AVE.
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPVS () Delete
Name: MCCLAIN, MICHAEL
Address: 4340 SOUTH VALLEY VIEW, STE. #230
City-St-Zip: LAS VEGAS, NV 89103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MCCLAIN, MICHAEL
Address: 3951 S WILLIAM AVE
City-St-Zip: INVERNESS, FL 34452

Title: V () Change (X) Addition
Name: SCHAFFER, HEATH
Address: 2862 W ESCAMBIA LN
City-St-Zip: LECANTO, FL 34461

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: MICHAEL MCCLAIN

DPS

04/27/2005

Electronic Signature of Signing Officer or Director

_____ Date