


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # H30254 1. Entity Name ARMSTRONG OF AMERICA, INC.	
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Principal Place of Business 320 N.W. 205 TERRACE MIAMI, FL 33169	Mailing Address 320 N.W. 205 TERRACE MIAMI, FL 33169
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DO NOT WRITE IN THIS SPACE



02222007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2482025	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**EDWARDS, PHYLLIS
320 N.W. 205TH TERRACE
MIAMI, FL 33169**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EDWARDS, PHYLLIS 320 N.W. 205 TERRACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V EDWARDS, HERMAN 320 NW 205 TERRACE MIAMI, FL
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04/20/07-80127-003 150.00

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.

SIGNATURE: *Herman Edwards* **X4-10-07X**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #