2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 16, 2005 08:00 AM Secretary of State DOCUMENT # J21709 AMERICAN PRODUCTS INTERNATIONAL, INC. Principal Place of Business Mailing Address 1030 EAST 31ST STREET 1030 E 31ST STREET HIALEAH, FL 33013 US HIALEAH, FL 33013 US No Chg-P CR2E034 (10/03) 02232005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2704743 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FORMAN TERRY J 1521 SW LEJEVNE DR **SUITE 2400** IN THIS SPACE CORAL SPRINGS, FL 33134 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE PSD NAME JEFFERS, JAMES A. U00000264343 03/16/05-80012-005 150.00 STREET ADDRESS 10423 SW 16 MANOR CITY-ST-ZIP **DAVIE, FL 33324** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE C!TY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify 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 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.

D OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR