2005 FOR PROFIT CORPORATION

Mar 23, 2005 08:00 AM Secretary of State **ANNUAL REPORT** DOCUMENT # K47512 1. Entity Name ARCHITECTURAL DOOR & HARDWARE, INC. Principal Place of Business Mailing Address FLORIDA PARK DRIVE SOUTH FLORIDA PARK DRIVE SOUTH STE 330 PALM COAST, FL 32137 US PALM COAST, FL 32137 01262005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2915816 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent COLLETTI, VINCENT DO NOT WRITE 1 FLORIDA PARK DRIVE SOUTH STE 330 IN THIS SPACE PALM COAST, FL 32137 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 little if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME COLLETTI, VINCENT 100000272915 STREET ADDRESS 1 FLORIDA PARK DRIVE SOUTH STE 330 03/23/05-80006-025 150.00 CITY - ST - ZIP PALM COAST, FL 32137 TITLE COLLETT), NORINE NAME STREET ADDRESS 1 FLORIDA PARK DRIVE S. STE 330 CITY+ST-7/P PALM COAST, FL 32137 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP 1ITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filing 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.

SIGNATURE:

CITY - ST- ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED