## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L38161

Entity Name: ADVANCED FOAM PRODUCTS, INC.

FILED Jan 22, 2004 Secretary of State

| Current Principal Place of Business: | New Principal Place of Business: |
|--------------------------------------|----------------------------------|
|--------------------------------------|----------------------------------|

200 EXECUTIVE WAY 200 EXECUTIVE WAY

PONTE VEDRA BEACH, FL 32082 PONTE VEDRA BEACH, FL 32082 US

Current Mailing Address: New Mailing Address:

200 EXECUTIVE WAY 2222 SURRETT DRIVE

PONTE VEDRA BEACH, FL 32082 HIGH POINT, NC 27263 US

FEI Number: 59-2990936 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BODI, DARYL E BOOI, DARYL E

200 ÉXECUTIVE WAY 200 ÉCECUTIVE WAY

PONTE VERDA BEACH, FL 32082 US PONTE VERDA BEACH, FL 320822711 US

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: DARYL E BOOI 01/22/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BODI, DARYL E
 Name:
 BOOI, DARYL E

 Address:
 2222 SURRETT DRIVE
 Address:
 2222 SURRETT DRIVE

 City-St-Zip:
 HIGH POINT, NC 27263
 City-St-Zip:
 HIGH POINT, NC 27263

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FRANCES, ANTHONY
 Name:

 Address:
 BOLLINGTON MACCLESFIELD
 Address:

 City-St-Zip:
 CHESHIRE, ENGLAND,
 City-St-Zip:

Title: ST ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 REEVES, DON
 Name:

 Address:
 BOLLINGTON MACCLESFIELD
 Address:

 City-St-Zip:
 CHESHIRE, ENGLAND,
 City-St-Zip:

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: DARYL E BOOI VP 01/22/2004