

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M52930

FILED  
Mar 27, 2007  
Secretary of State

Entity Name: AMERICAN CUSTOM DESIGN, CORP.

## Current Principal Place of Business:

3841 SW JANIGA ST.  
PORT ST. LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

3841 SW JANIGA ST.  
PORT ST. LUCIE, FL 34953

## New Mailing Address:

FEI Number: 65-0002822

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

TAMKINS, DAVID A.  
3841 SW JANIGA ST.  
PORT ST. LUCIE, FL 34953 US

## Name and Address of New Registered Agent:

TAMKINS, DAVID A.  
8651 SW SPRINGHAVEN AVENUE  
INDIANTOWN, FL 34956 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:

03/27/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANDREASEN, B.G.,  
Address: 1455 90TH AVE A-18  
City-St-Zip: VERO BEACH, FL 32966

Title: D ( ) Delete  
Name: TAMKINS, DAVID A.,  
Address: 3841 SW JANIGA ST.  
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete  
Name: TAMKINS, THOMAS  
Address: 3841 SW JANIGA ST.  
City-St-Zip: PORT ST. LUCIE, FL

Title: D ( ) Delete  
Name: TAMKINS, RICHIE  
Address: 3621 SW ROSSER BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: TAMKINS, DAVID A.,  
Address: 8651 SW SPRINGHAVEN AVENUE  
City-St-Zip: INDIANTOWN, FL 34956

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: THOMAS TAMKINS

D

03/27/2007

Electronic Signature of Signing Officer or Director

Date