2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008
Secretary of State

DOCUMENT# M52930

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.
8651 SW SPRINGHAVEN AVENUE
INDIANTOWN, FL 34956 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D (X) 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: 8651 SW SPRINGHAVEN AVENUE
City-St-Zip: INDIANTOWN, FL 34956

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

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

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 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: DAVID TAMKINS D 04/24/2008

Electronic Signature of Signing Officer or Director — Date