
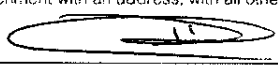


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90438 024 \*\*\*150.00

<b>DOCUMENT # P02000026992</b> 1. Entity Name <b>AMERICAN DESIGN MACHINING COMPANY INC.</b>					
Principal Place of Business <b>1275 BENNETT DRIVE SUITE 137 LONGWOOD, FL 32750</b>			Mailing Address <b>1275 BENNETT DRIVE SUITE 137 LONGWOOD, FL 32750</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip		4. FEI Number <b>61-1408614</b>	
Country		Country		5. Certificate or Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>JOHN DEBLASIO JR. 6507 VOLTAIRE DRIVE ORLANDO, FL 32809</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>P DEBLASIO, JOHN JR 6507 VOLTAIRE DR ORLANDO, FL 32809</b>			TITLE NAME STREET ADDRESS CITY-STATE-ZIP <b>DEBLASIO, JOHN JR.</b>		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP			TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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12. 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:  <b>John DeBlasio</b> <b>4/15/04</b> <b>407331 7322</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					