2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2005
Secretary of State

DOCUMENT# P02000057682

Entity Name: AMERICAN MOULDING CORPORATION

Current Principal Place of Business:

718 NORTH DRIVE
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

718 NORTH DRIVE
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 03-0452041 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SICOLI, ROBERT
630 HUNAN STREET
PALM BAY, FL 32905 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: P ( ) Delete
Name: SICOLI, ROBERT
Address: 630 HUNAN STREET
City-St-Zip: PALM BAY, FL 32905

Title: VPT ( ) Delete
Name: BRYANT, CHRIS
Address: 1150 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VPS ( ) Delete
Name: SICOLI, JOHN
Address: 1092 BRINBURY LN
City-St-Zip: MELBOURNE, FL 32904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VPS (X) Change ( ) Addition
Name: SICOLI, JOHN
Address: 800 SEPTEMBER AVE
City-St-Zip: PALM BAY, FL 32907

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: JOHN SICOLI VPS 06/30/2005

Electronic Signature of Signing Officer or Director Date