

2005 FOR PROFIT CORPORATION ANNUAL REPORT

06-20-2005 90002 038 ***150.00
FILE#P02000061253
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # P02000061253 1. Entity Name AMERICAN TRIM & DESIGN, INC.					
Principal Place of Business 1-198 VALENTIA KINGS POINT DELRAY BEACH, FL 33446			Mailing Address 1-198 VALENTIA KINGS POINT DELRAY BEACH, FL 33446		
2. Principal Place of Business 2950 NW Commerce Park Dr. Suite, Apt. #, etc. F9		3. Mailing Address 2950 NW Commerce Park Dr. Suite, Apt. #, etc. F9			
City & State Boynton Beach FL 33426 Zip 33426		City & State Boynton Beach, FL Zip 33426		4. FEI Number 04-3665262	
Country US		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOSCO, JOHN J 1-198 VALENTIA KINGS POINT DELRAY BEACH, FL 33446				7. Name and Address of New Registered Agent Name John J Bosco Street Address (P.O. Box Number is Not Acceptable) 5785 Strawberry Lakes Circle City Lake Worth FL Zip Code 33463	
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 <u><i>John J Bosco</i></u> John J Bosco DATE 5-24-2005 <small>(NOTE: Registered Agent signature required when constituting)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCO, JOHN J 1-198 VALENTIA, KINGS POINT DELRAY BEACH, FL 33446	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOSCO, JOHN J 5785 STRAWBERRY LAKES CIRCLE LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	(Empty row for additions/changes)		
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: <u><i>John J Bosco</i></u> John J. Bosco <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-24-2005 (561) 722-7549 <small>Daytime Phone #</small>		