


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90422 020 ***150.00

DOCUMENT # P02000105669		
1. Entity Name AMERICAN ELECTRONICS SERVICES INC.		

Principal Place of Business 1226 TINO CT. ORLANDO, FL 32825	Mailing Address 7802 KINNGSPOINTE PKWY. 207B ORLANDO, FL 32819
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2. Principal Place of Business 10101 Eastmar Commons Blvd		3. Mailing Address 10101 Eastmar Commons Blvd	
Suite, Apt. #, etc. Apt # 2211		Suite, Apt. #, etc. Apt # 2211	
City & State Orlando FL		City & State Orlando FL	
Zip 32825	Country USA	Zip 32825	Country USA

40076807

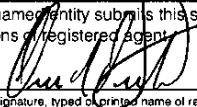


01042006 Chg-P CR2E034 (11/05)

4. FEI Number 35-2183144	Applied For <input type="checkbox"/> Not Applicable
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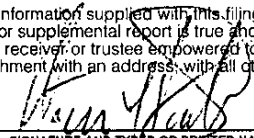
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PERALTA, CRISTIAN M 1226 TINO CT ORLANDO, FL 32825		7. Name and Address of New Registered Agent Name Cristian Peralta Street Address (P.O. Box Number is Not Acceptable) 10101 Eastmar Commons Blvd City Orlando State FL Zip Code 32825	
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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 	DATE 4/27/2006

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P PERALTA, CRISTIAN M 1226 TINO CT. ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P Cristian Peralta 10101 Eastmar Commons Blvd. # 2211 Orlando, FL 32825 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S OJEDA, FLAVIA E 1226 TINO CT. ORLANDO, FL 32825 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Flavia Ojeda 10101 Eastmar Commons Blvd. #2211 Orlando, FL 32825 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice-President Luis M. D'Alessandro 3113 S. Semoran Blvd. # 346 Orlando, FL 32822 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 	DATE 1/30/06 Daytime Phone #