

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044442

FILED  
Jan 12, 2004  
Secretary of State

Entity Name: AMERICAN ELECTROLIER - LVD, INC.

## Current Principal Place of Business:

4445 N A1A  
VERO BEACH, FL 32963

## New Principal Place of Business:

4445 N A1A  
SUITE 200  
VERO BEACH, FL 32963

## Current Mailing Address:

P O BOX 4110  
VERO BEACH, FL 32964

## New Mailing Address:

FEI Number: 83-0353991      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SEGAL, BARRY G  
2801 OCAEN DR, STE 204  
VERO BEACH, FL 32963

## Name and Address of New Registered Agent:

SEGAL, BARRY G  
2801 OCEAN DR, STE 204  
VERO BEACH, FL 32963

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:

01/12/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: GOODE, PAUL  
Address: P O BOX 4110  
City-St-Zip: VERO BEACH, FL 32964

Title: DV ( ) Delete  
Name: LI, WEIDE  
Address: P O BOX 4110  
City-St-Zip: VERO BEACH, FL 32964

Title: D ( ) Delete  
Name: DONNELLY, BRETT  
Address: P O BOX 4110  
City-St-Zip: VERO BEACH, FL 32964

Title: D ( ) Delete  
Name: WANG, AIQUN  
Address: P O BOX 4110  
City-St-Zip: VERO BEACH, FL 32964

Title: DST ( ) Delete  
Name: ROBINSON, BARBARA  
Address: P O BOX 4110  
City-St-Zip: VERO BEACH, FL 32964

## 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:

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

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: BARBARA ROBINSON

DST

01/12/2004

Electronic Signature of Signing Officer or Director

Date