

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000044442

FILED
Apr 13, 2005
Secretary of State

Entity Name: AMERICAN ELECTROLIER - LVD, INC.

Current Principal Place of Business:

4445 N A1A
SUITE 200
VERO BEACH, FL 32963

New Principal Place of Business:

650 2ND LANE
VERO BEACH, FL 32962

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 OCEAN DR, STE 204
VERO BEACH, FL 32963 US

Name and Address of New Registered Agent:

DRNDAK, BARBARA J
650 2ND LANE
VERO BEACH, FL 32962 US

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: BARBARA J. DRNDAK

04/13/2005

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: DST (X) Change () Addition
Name: DRNDAK, BARBARA
Address: P O BOX 4110
City-St-Zip: VERO BEACH, FL 32964

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 J. DRNDAK

DST

04/13/2005

Electronic Signature of Signing Officer or Director

Date