## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## **FILED** Apr 25, 2005 8:00 am Secretary of State

DOCUMENT # P03000049336  1. Entity Name AMERICAN DREAM FAB AND MACHINE INC.							04-25-200	•	036 ***15	58.75
Principal Plac	ce of Business	Mailing Address	1							
4121 OLD HWY US 41 SUN CITY, FL 33586		PO BOX 7517 Sun City, Fl. 33586					_	500	3515	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01052005	Chg-P	CR2E	034 (10/03)		
City & State		City & State			4. FEI Numbe 37-146			_ <del>                                    </del>	oplied For	
Zip	Country	Zip	Zip Coun				of Status Desired		\$8.75 Add	ditional
	6. Name and Address of Curren	t Registered Agent				7. Name and	Address of New	Registered		<del>-</del>
BUZBEE, ROY 4121 OLD HWY US 41 SUN CITY, FL 33586				Street Address (P.O. Box Number is Not Acceptable)  41 21 Old Hwy 1						
8. The above the obligat	named entity submits this statement tions of registered agent.  Signature, typical or printed name of registered agent.	ork Fr	isb	? ·		ed agent, or both	h, in the State of F	FL lorida. I am	- I.S.D.	2,80
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Co				00 May Be ed to Fees				
10.	, OFFICERS ANI	D DIRECTORS			ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	PRES BUZBEE, ROY MR 4121 OLD HWY US 41	<b>⊠</b> Delete	TITL NAN STRI						☐ Change	☐ Addition
CITY-ST-ZIP	SUN CITY, FL 33586		CITY	'-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	FRISBIE, ALFRED M MR 1210 FRISBIE RD RUSKIN, FL 33570	☐ Delete			F71	sbie, A Frisbi	Presider Afreck 1 e Rd EL 335	MW	<b>⊠</b> Change <b>ℝ</b>	☐ Addition
TITLE NAME STREET ADDRESS CITY+ST-ZIP	<u> </u>	☐ Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	- 1						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						-	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITL NAM STR	E					Change	Addilion

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Plorida 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 attackment with an address, with all other like empowered.

SIGNATURE: \_/

4/18/2005

813-649-9460 Daytime Phone #