

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90306 020 \*\*\*150.00

<b>DOCUMENT # P03000087977</b> 1. Entity Name <b>KALE ARCHITECTURAL PRODUCTS, INC.</b>			
Principal Place of Business <b>5410 ANDERSON ROAD TAMPA, FL 33614</b>		Mailing Address <b>5410 ANDERSON ROAD TAMPA, FL 33614</b>	
2. Principal Place of Business <b>1267 GOLFSIDE DR</b> Suite, Apt. #, etc.		3. Mailing Address <b>1267 GOLFSIDE DR</b> Suite, Apt. #, etc.	
City & State <b>WINTER PARK, FL</b> Zip <b>32792</b> Country <b>U.S.</b>		City & State <b>WINTER PARK, FL</b> Zip <b>32792</b> Country <b>U.S.</b>	
4. FEI Number <b>76-0739435</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent <b>HILTON, HENRY G</b> <b>5410 ANDERSON ROAD</b> <b>TAMPA, FL 33614</b>		7. Name and Address of New Registered Agent Name <b>CARTER, FRANK P</b> Street Address (P.O. Box Number is Not Acceptable) <b>1267 GOLFSIDE DR</b> City <b>WINTER PARK</b> <b>FL</b> Zip Code <b>32792</b>	
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 <b>FRANK P. CARTER</b> <b>4-26-04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HILTON, HENRY G</b> <b>5410 ANDERSON ROAD</b> <b>TAMPA, FL 33614</b> <input checked="" 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	<b>D</b> <b>CARTER, FRANK</b> <b>5410 ANDERSON ROAD</b> <b>TAMPA, FL 33614</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.			
SIGNATURE: <b>FRANK P. CARTER</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4-26-04</b> <b>407342-2719</b> <small>Date Daytime Phone #</small>	