
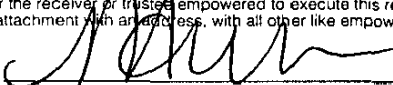


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90142 040 \*\*\*150.00

<b>DOCUMENT # P04000144573</b> 1. Entity Name <b>CUSTOM ARCHITECTURAL FOAM, INC.</b>					
Principal Place of Business <b>4401 DENICE LANE SARASOTA, FL 34232</b>			Mailing Address <b>4401 DENICE LANE SARASOTA, FL 34232</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country		
4. FEI Number <div style="text-align: right; font-size: 1.2em;"><b>20-1769476</b></div>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HERRON, NICK 4401 DENICE LANE SARASOTA, FL 34232</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, NICK 4401 DENICE LANE SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Herron, Nick 4401 Denice Lane Sarasota, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERRON, JEANNETTE 4401 DENICE LANE SARASOTA, FL 34232	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Herron, Jeannette 4401 Denice Lane Sarasota, FL 34232	<input checked="" 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	Treasurer Jeannette Herron 4401 Denice Ln Sarasota, FL 34232	<input checked="" 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	Secretary Jeannette Herron 4401 Denice Ln Sarasota, FL 34232	<input checked="" 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 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 all other like empowered.					
<b>SIGNATURE:</b> 			<b>3/10/05</b> <b>941-364-2760</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date      Daytime Phone #		