2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # P04000165521 1. Entity Name AMERICAN FENCE SERVICES, INC.						04-28-200	6 90174 017 **	*150.00
Principal Place of Business 177 FREEDOM DRIVE FROST PROOF, FL 33843		Mailing Address 177 FREEDOM DRIVE FROST PROOF, FL 33843			40	069482		
2. Principal Place of Business 1. 20 Mailing Address 1. 20 Mar. all a Cl Hard Address				CI				
Suite, Apt.	voues, F-		Lake Wales, FL			Chg-P	CR2E034 (11/05	<u> </u>
City & State	3 USA	City & State 33853	ڪلک	A	4. FEI Number 52-244	•		Applied For Not Applicable
Zíp	Country	Zip	Country			of Status Desired	□ \$8.75 A Fee Requi	
Name and Address of Current Registered Agent				lame	7. Name and	Address of New Re	egistered Agent	
SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Co	ode
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								
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.	OFFICERS AND D		11.		ADDITIONS	CHANGES TO OFFI	ICERS AND DIRECTO	PRS IN 11
TITLE NAME			TITLE NAME	120	rtega. N	Adelha I	Change	Addition
STREET ADDRESS	177 FREEDOM DRIVE SIR		STREET A	EET ADDRESS 438 Marietta St				
CITY-ST-ZIP			CITY-ST-	ZIP)_C	<u>ike Wal</u>	ies, Fl. 3	3853	
TITLE NAME STREET ADDRESS	ORTEGA, MISAEL NAM		TITLE NAME STREET A	071	TD tega, Mis 8 Mariel	ael	⊞ Chang	e ☐ Addition
CITY-ST-ZIP	FROST PROOF, FL 33843		CITY-ST-		ke Wales		53	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A	DDRESS			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	DDRESS			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET A CITY-ST-	DORESS			☐ Chang	e 🔲 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	sertify that the information supplied with the	Delete	TITLE NAME SIREET A CITY-ST-	ZIP	and in Charter 11	D. Florida Statutas	Chang	

1z. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: _

Manufel Detega
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENCER OR DIRECTOR

4/25/06

(843)032-0057