2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000037049

Entity Name: AMERICAN SLIPMETER, INC.

FILED Apr 27, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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644 N INDIANA AVE 126 CORPORATION WAY

ENGLEWOOD, FL 34223 US UNIT I VENICE, FL 34285 US

Current Mailing Address: New Mailing Address:

644 N INDIANA AVE 126 CORPORATION WAY ENGLEWOOD, FL 34223 US UNIT I

VENICE, FL 34285 US

FEI Number: 59-3183940 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STEPHENSON, WILLIAM B
644 N INDIANA AVE
ENGLEWOOD, FL 34223 US
126 CORPORATION WAY
UNIT I
VENICE, FL 34285 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: 04/27/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: STEPHENSON, WILLIAM B Name: STEPHENSON, WILLIAM B Address: 126 CORPORATION WAY, UNIT I

City-St-Zip: ENGLEWOOD, FL 34223 City-St-Zip: VENICE, FL 34285

Title: D () Delete Title: () Change () Addition

 Name:
 MOTT, KATHLEEN
 Name:

 Address:
 6549 GOLDEN HORSESHOE DR
 Address:

 City-St-Zip:
 SEMINOLE, FL 33777
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 CHAO, PAUL
 Name:

 Address:
 10912 61ST STREET
 Address:

 City-St-Zip:
 TAMPA, FL 33617
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: W. B. STEPHENSON PRES 04/27/2007