2005 FOR PROFIT CORPORATION

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ANNUAL REPORT				Feb 09, 2005 08:00 A		
DOCUMENT # P94000029005						ary of State
1. Entity Name ARCHITECTURAL METAL PRODUCTS, INC.						<i>J</i>
		<u> </u>		-		
Principal Place of Business		Mailing Address				
		1315 ARMORY DRIVE Palm Bay, Fl. 32907 US				
				1 M. A. Francis 1 Francis Britain Br	 	### DOM TO:21 AMED! 41 AD:
			i stenomen	organoe No.C	ha G CODE	004 (40(00)
£	O NOT WRITE	IN THIS SPA	CE	01032005 No C	ng-r Chize	034 (10/03) Applied For
				59-3235164		Not Applicable
				5. Certificate of Status I	Desired	\$8.75 Additional Fee Required
	5. Name and Address of Current Re	gistered Agent		a de ser e deserbit de de	195	
ROBERT		-	, , ,	DO NO	r WDIT	
1315 ARMORY DR NE PALM BAY, FL 32907						and the second of the second
	.,. = ====,			IN THIS	SPACE	
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8. The above the obliga	named entity submits this statement for the	e purpose of changing its register	ed office or register	ed agent, or both, in the S	ate of Florida. I am	familiar with, and accept
-	ROBERT RES	- Mu	EA		1-10	- 25
SIGNATURE.	Signature, typed or printed name of registered agent and	tille if applicable. (NOTE: Registers	d Agent argustrum required	when remetaling)	DATE	- 45
711	E NOW!!! FEE 15 \$150.00	9. Election Campaign Final		00 мау Ве		
	ay 1, 2005 Fee will be \$550.00	Trust Fund Contribution.		ed to Fees		
10.	OFFICERS AND DI	RECTORS	الما مامانية إلى المراجع والماما إلى المراجع	and the property of the second	a and and the second section of the second	والمعارية والمعارية والمعارية والمعارية
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NAME	REESE, MARYANN				00000022300	
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name Street address			•		and a second of the second	
95,72,273			S .	•		

12. I hereby certify that the information supplied with this filling 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.

SIGNATURE: SUBERT ENDINE OF BIGHING OFFICER OR DIRECTOR 1-10-05