


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90047 006 \*\*\*150.00

<b>DOCUMENT # P94000048825</b>		
1. Entity Name <b>AMERICAN ELECTRONIC ASSEMBLY, INC.</b>		

Principal Place of Business <b>3050 S.W. 14 PLACE UNIT #10 BOYNTON BEACH, FL 33426 US</b>	Mailing Address <b>3050 SW 14 PLACE UNIT #10 BOYNTON BEACH, FL 33426 US</b>
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2. Principal Place of Business - No P.O. Box # <b>381 PELICAN WAY</b>	3. Mailing Address <b>381 PELICAN WAY</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DELRAY BEACH FL</b>	City & State <b>DELRAY BEACH FL</b>
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Zip <b>33483</b>	Country <b>FLA BEACH</b>	Zip <b>33483</b>	Country <b>FLA BEACH</b>
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6. Name and Address of Current Registered Agent <b>RORAFF, PAUL 381 PELICAN WAY DELRAY BEACH, FL 33483</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	
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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 *Paul Roraff* (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RORAFF, PAUL 3050 SW 14 PLACE STE 10 BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PAUL RORAFF 381 PELICAN WAY DELRAY BEACH FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D RORAFF, LINDA 3050 SW 14 PLACE STE 10 BOYNTON BEACH, FL 33426</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>RORAFF LINDA 381 PELICAN WAY DELRAY BEACH FL 33483</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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

2. I hereby 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: *Paul Roraff* **2/2/08** **36-274-1150**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #