

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2008 08:00 AM**  
**Secretary of State**

|  |  |   |  |  |   |
|--|--|---|--|--|---|
| <b>DOCUMENT # P96000061194</b><br>1. Entity Name<br><b>AFTER HOURS MOLD DESIGN, INC.</b>   |  |   |  |   |   |
| Principal Place of Business<br><b>4523 30TH ST. WEST<br/>STE. A112<br/>BRADENTON, FL 34207</b>   |  |   | Mailing Address<br><b>4523 30TH ST. WEST<br/>STE. A112<br/>BRADENTON, FL 34207</b>   |  |   |
| 2. Principal Place of Business - No P.O. Box #<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country  |  | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |  |    |   |
| 4. FEI Number<br><b>65-0683060</b>   |  |   |  | Applied For<br><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<br><br><b>BLATZHEIM, ROBERT G<br/>6712 MARINA DR<br/>BRADENTON, FL 34281</b>   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.<br>SIGNATURE:  DATE: <b>27 MAY 08</b><br><small>*Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |   |  |  |   |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 12, 2008</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>       |  | <b>\$5.00 May Be Added to Fees</b><br>In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | PSTD<br>BLATZHEIM, ROBERT G<br>6712 MARINA DRIVE<br>BRADENTON, FL  | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | 1000000950570<br>06/03/08-80074-006 150.00                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | T<br>BLATZHEIM, ELDA J<br>6712 MARINA DRIVE<br>BRADENTON, FL 34281 | <input type="checkbox"/> Delete   |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP   | <input type="checkbox"/> Delete                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                         |  | TITLE<br>NAME<br>STREET ADDRESS<br>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 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: <br><small>SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR</small>   |  |   | <b>27 MAY 08 941 7521663</b><br><small>Date      Daytime Phone #</small>   |  |   |

**ROBERT G. BLATZHEIM**