

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90014 033 ***150.00

DOCUMENT # S55430
 1. Entity Name
AMERICAN WALL SYSTEMS, INC.



Principal Place of Business 1451 SW 12TH AVE SUITE POMPANO BEACH, FL 33069 US	Mailing Address 1451 SW 12TH AVE SUITE POMPANO BEACH, FL 33069 US
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2. Principal Place of Business - No P.O. Box # <i>2724 NE 35 Street</i>	3. Mailing Address <i>2724 NE 35 Street</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Fort Lauderdale FL</i>	City & State <i>Fort Lauderdale FL</i>	4. FEI Number 65-0313806	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33306</i>	Country <i>US</i>	Zip <i>33306</i>	Country <i>US</i>



04182008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent

KREIZINGER, KENNETH R
 2724 NE 35 ST
 FORT LAUDERDALE, FL 33306

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** 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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KREIZINGER, KENNETH R 2724 NE 35 ST FORT LAUDERDALE, FL 33306 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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

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: *Kenneth Kreizinger* *4/18/08* *954-566-3392*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone