


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 08:00 AM
Secretary of State

DOCUMENT # S72697 1. Entity Name AMERICAN SEAMLESS GUTTERS, INC.	
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Principal Place of Business 9145 SE 151ST LANE ROAD, #1 SUMMERFIELD, FL 34491 US	Mailing Address 9145 SE 151ST LANE ROAD, #1 SUMMERFIELD, FL 34491 US
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DO NOT WRITE IN THIS SPACE



02092008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3089367	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GRAVANTE, GERALD J 12677 SE 53RD TERRACE ROAD BELLEVUE, FL 34420

**DO NOT WRITE
IN THIS SPACE**

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

DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GRAVANTE, GERALD J 12677 SE 53RD TERRACE ROAD BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRAVANTE, SHARON 12677 SE 53 TERR RD BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GRAVANTE, JEREMY 5807 SE 127 LANE BELLEVUE, FL 34420
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/01/06-80018-006 150.00

**DO NOT WRITE
IN THIS SPACE**

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:  **2/15/06** **(352)2451394**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #