2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V08185

FILED Apr 23, 2009 Secretary of State

Entity Name: AMERICAN VERTICAL DESIGN, INC.

Current Principal Place of Business:		New Principal Place of Business:		
	FED HWY FL 34994			
urrent N	/lailing Addres	s:	New Maili	ng Address:
	FED HWY FL 34994			
El Numbe	r: 65-0310051	FEI Number Applied For ()	FEI Number Not App	icable () Certificate of Status Desired ()
ame and	d Address of C	Surrent Registered Agent:	Name and	Address of New Registered Agent:
098 SW	N, WILLIAM B BALATA TERR 'Y, FL 34990	US	rnaca of shanning	
ne ahove	named entity	submits this statement for the nu		ts realistered attice ar realistered agent, ar ha
	e named entity s e of Florida.	submits this statement for the pu	rpose of changing i	ts registered office or registered agent, or bo
the Stat	e of Florida. ´	·		ts registered office or registered agent, or bo
the Stat	e of Florida. ´	submits this statement for the pu ic Signature of Registered Agen		ts registered office or registered agent, or bo
the Stat IGNATU	e of Florida. ´ RE:Electror	·		
the Stat	e of Florida. ´ RE:Electror	ic Signature of Registered Ager	ıt	
the Stat IGNATU ection Ca FFICER tle: ame: ddress:	e of Florida. RE: Electror mpaign Financing S AND DIREC	ic Signature of Registered Ager g Trust Fund Contribution (). TORS: Delete LIAM B ATA TERR	ıt	Date
the Stat	e of Florida. RE: Electror mpaign Financing S AND DIREC P () JOHNSON, WIL 2098 SW BALA PALM CITY, FL	ic Signature of Registered Ager g Trust Fund Contribution (). TORS: Delete LIAM B ATA TERR 34990 Delete LIAM B ATA TERR	ADDITION Title: Name: Address:	Date IS/CHANGES TO OFFICERS AND DIRECT
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I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM B JOHNSON PRES 04/23/2009