

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005892

FILED
Feb 27, 2009
Secretary of State

Entity Name: AMERICAN EXTERIORS, INC.

Current Principal Place of Business:

P.O. BOX 4665
ALEXANDRIA, VA 22303

New Principal Place of Business:

2912 WOODLAWN TRAIL
ALEXANDRIA, VA 22306

Current Mailing Address:

PO BOX 4665
ALEXANDRIA, VA 22303

New Mailing Address:

FEI Number: 54-1214022 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MAHER, ROBERT T ATTY
1601 JACKSON STREET
SUITE 201
FT. MYERS, FL 33901 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: GODWIN, RODNEY E
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: V () Delete
Name: QUINN, TIMOTHY J
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: V () Delete
Name: BLUEITT, DANIEL W
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: TSD (X) Delete
Name: BOHN, SALLY J
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: BOHN, SALLY J
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: V/S (X) Change () Addition
Name: QUINN, TIMOTHY J
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: V/T (X) Change () Addition
Name: BLUEITT, DANIEL W
Address: 2912 WOODLAWN TRAIL
City-St-Zip: ALEXANDRIA, VA 22306

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TIMOTHY J. QUINN

V/S

02/27/2009

Electronic Signature of Signing Officer or Director

_____ Date