



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 124702		2. Name of Corporation American Financial & Automotive Services, Inc.	
3. Street Address Principal Business Office 2525 S. Shore Blvd, Ste #400		City League City	State TX
		Zip 77573	
4. Business Phone No. 281-334-3633	5. State of Incorporation TEXAS		6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island INSURANCE MARKETING			
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Arden Hetland		Vice President Name Donna Hetland	
Street Address 2525 S. Shore Blvd, #400		Street Address 2525 S. Shore Blvd, #400	
City League City	State TX	City League City	State TX
Zip 77573		Zip 77573	
Secretary Name Donna Hetland		Treasurer Name Donna Hetland	
Street Address 2525 S. Shore Blvd, #400		Street Address 2525 S. Shore Blvd, #400	
City League City	State TX	City League City	State TX
Zip 77573		Zip 77573	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Arden Hetland		Director Name Donna Hetland	
Street Address 2525 S. Shore Blvd, #400		Street Address 2525 S. Shore Blvd, #400	
City League City	State TX	City League City	State TX
Zip 77573		Zip 77573	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class Series	Number of Shares	Class Series
Par Value		Par Value	
100,000 COMM \$0.01 PAR VALUE		100,000	Common
			\$0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



124702

File Date **2/25/05**
Check No. **28916**
By: **CC**
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Arden Hetland** Date **2/18/05**
Print or Type Name of Officer
Arden Hetland
Title of Officer **President**



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City League City	State TX	Zip 77573	City League City	State TX
Secretary Name Donna Hetland		Treasurer Name Donna Hetland		
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Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
100,000	COMM	\$0.01 PAR VALUE	100,000	Common
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 7 0 2 *

File Date: 2/17/04
Check No.: 20074
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: [Signature]
Date: 2-6-04
Print or Type Name of Officer: Arden Hetland
Title of Officer: President



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **124702** 2. Name of Corporation **American Financial & Automotive Services, Inc.**
3. Street Address Principal Business Office **2525 S. Shore Blvd, Suite 400** City **League City** State **TX** Zip **77573**
4. Business Phone No. **281-334-3633** 5. State of Incorporation **TEXAS** 6. SIC Code **5702**

7. Brief Description of the Character of Business Conducted in Rhode Island

Insurance Marketing

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Arden Hetland Street Address 2525 S. Shore Blvd, Ste #400 City League City State TX Zip 77573	Vice President Name Donna Hetland Street Address 2525 S. Shore Blvd, Ste #400 City League City State TX Zip 77573
Secretary Name Donna Hetland Street Address 2525 S. Shore Blvd, Ste #400 City League City State TX Zip 77573	Treasurer Name Donna Hetland Street Address 2525 S. Shore Blvd., Ste #400 City League City State TX Zip 77573

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Director Name Arden Hetland Street Address 2525 S. Shore Blvd, Ste #400 City League City State TX Zip 77573	Director Name none Street Address City State Zip
Director Name Donna Hetland Street Address 2525 S. Shore Blvd., Ste #400 City League City State TX Zip 77573	Director Name none Street Address City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	100,000	COMM	\$0.01 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	100,000	Comm	0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 4 7 0 2 *

File Date: **3/3/03**
Check No.: **18306**
By: **cc**

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Arden Hetland **2/26/03**
Signature of Officer Date
Arden Hetland
Print or Type Name of Officer
PRESIDENT
Title of Officer