

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000002290

Entity Name: A&M SPECIALISTS, INC.

FILED
Apr 26, 2008
Secretary of State

Current Principal Place of Business:

10555 GRAND RIVER
DETROIT, MI 48204 US

New Principal Place of Business:

1708 NORTHWOOD DRIVE
TROY, MI 48084 US

Current Mailing Address:

10555 GRAND RIVER
DETROIT, MI 48204 US

New Mailing Address:

20187 ISLAND ESTATES DRIVE
GROSSE ILE, MI 48138 US

FEI Number: 38-2121685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, LISA
1441 S.W. 10TH AVENUE
POMPANO BEACH, FL 33069 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: PD () Delete
Name: MORTON, MERLE A
Address: 22651 W. RIVER RD.
City-St-Zip: GROSSE ILE, MI

Title: STD () Delete
Name: MORTON, DONALD J
Address: 22651 W. RIVER RD.
City-St-Zip: GROSSE ILE, MI

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MERLE A. MORTON

PRES

04/26/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date