


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000002258
1. Entity Name
THE AME FOUNDATION, INC.



Principal Place of Business: P.O. BOX 8847, CORAL SPRING, FL 33075
Mailing Address: P.O. BOX 8847, CORAL SPRING, FL 33075

DO NOT WRITE IN THIS SPACE



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number: 65-0994251 Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MCNAMARA, THOMAS P
2909 BAY TO BAY BLVD., STE. 309
TAMPA, FL 33629

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

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	SERBIN, JAY
STREET ADDRESS	P.O. BOX 8847
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	VD
NAME	SERBIN, RANDI
STREET ADDRESS	P.O. BOX 8847
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	SD
NAME	SERBIN, CAROL
STREET ADDRESS	P.O. BOX 8847
CITY-ST-ZIP	CORAL SPRINGS, FL 33075
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/25/06-80005-001 61.25

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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 617, 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: JAY SERBIN Pres. 1/16/06 954-376-1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #