2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000040

Entity Name: ADVANCED MEDIA TECHNOLOGIES, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:		
	VERLINE RD, S D BEACH, FL					
Current Mailing Address:			New Mailin	New Mailing Address:		
	VERLINE RD, S D BEACH, FL					
FEI Number:	65-0709244	FEI Number Applied For ()	FEI Number Not Applie	cable () Certificate of Status	Desired ()	
Name and	Address of Cu	ırrent Registered Agent:	Name and	Address of New Registered Ag	jent:	
1201 HAYS	TION SERVICE STREET SEE, FL 3230					
The above in the State		ubmits this statement for the pur	rpose of changing it	s registered office or registered a	gent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Agent	t	Date		
Election Cam	paign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	C () [SUNADA, BOB 335 MADISON A' NEW YORK, NY		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	S () I LAPTOOK, ERIC 335 MADISON A' NY, NY 10017		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	PCET () I MOSCA, KEN 720 S. POWERL DEERFIELD BEA		Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	ALDERMAN, LUI 720 S. POWERL DEERFIELD BEA	INE RD, STE G NCH, FL 33442	Title: Name: Address: City-St-Zip:	VPOF (X) Change () Addition ALDERMAN, LUKE 720 S. POWERLINE RD, STE G DEERFIELD BEACH, FL 33442		
Title: Name: Address: City-St-Zip:	D () [SATO, KOKI 335 MADISON A' NEW YORK, NY		Title: Name: Address: City-St-Zip:	()Change ()Addition		
Title: Name: Address: City-St-Zip:	D () [SHIMIZO, RAY 335 MADISON A' NEW YORK, NY		Title: Name: Address: City-St-Zip:	()Change ()Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LUKE ALDERMAN VPOF 04/21/2005