



**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

*file 4-1-06 150.00*  
**FILED**

**Mar 30, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H97693</b>		
1. Entity Name AMC HEALTH FOODS, INC.		
Principal Place of Business 8520 OLD CR 54 NEW PORT RICHEY, FL 34653 US	Mailing Address 8520 OLD CR 54 NEW PORT RICHEY, FL 34653 US	 01312006 No Chg-P CR2E034 (11/05) 4. FEI Number 59-2639522 <input type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  STRICKLAND, JOYCE B. 6667 CATALPA DR. NEW PORK RICHEY, FL 34655		
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.		<b>DO NOT WRITE IN THIS SPACE</b>
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE _____
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		UDD000485191 04/12/06-80073-005 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, JOYCE B. 6667 CATALPA DR. NEW PORT RICHEY, FL	
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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 607, 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: <i>Joyce Strickland</i>		3/28/06 727 848 6338
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>