


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # H97693 1. Entity Name AMC HEALTH FOODS, INC.	
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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
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DO NOT WRITE IN THIS SPACE



01302007 No Chg-P CR2E034 (11/05)

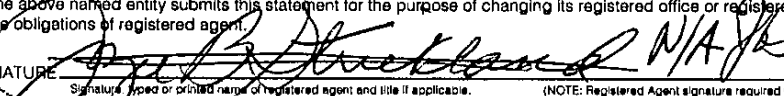
4. FEI Number 59-2639522	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STRICKLAND, JOYCE B.
6667 CATALPA DR.
NEW PORK RICHEY, FL 34655

DO NOT WRITE IN THIS SPACE

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:  N/A
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

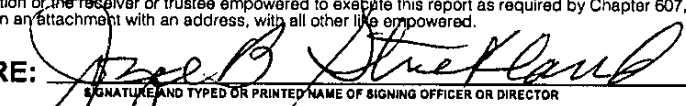
9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STRICKLAND, JOYCE B. 6667 CATALPA DR. NEW PORT RICHEY, FL
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U00000717300
04/30/07-80042-019 150.00

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:  4/17/07 727848-6338
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #