

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088856

FILED  
May 01, 2007  
Secretary of State

Entity Name: AMA TRANSITIONS AND MARKETING, INC.

## Current Principal Place of Business:

2435 US HIGHWAY 19  
SUITE 220  
HOLIDAY, FL 34691

## New Principal Place of Business:

## Current Mailing Address:

2435 US HIGHWAY 19  
SUITE 220  
HOLIDAY, FL 34691

## New Mailing Address:

FEI Number: 59-3736023      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BROWN, ANTHONY R  
1553 MIST LOOP  
TRINITY, FL 34655      US

## Name and Address of New Registered Agent:

BROWN, ANTHONY R  
2435 U.S. HIGHWAY 19  
SUITE 220  
HOLIDAY, FL 34691      US

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: ANTHONY R BROWN

05/01/2007

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BROWN, HEATHER L  
Address: 1553 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655

Title: D (X) Delete  
Name: BROWN, ANTHONY R  
Address: 1553 REGAL MIST LOOP  
City-St-Zip: TRINITY, FL 34655

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: BROWN, ANTHONY R  
Address: 2435 U.S. HIGHWAY 19, STE 220  
City-St-Zip: HOLIDAY, FL 34691

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: ANTHONY R BROWN

P

05/01/2007

Electronic Signature of Signing Officer or Director

Date