

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 08:00 A
Secretary of State

DOCUMENT # P04000058513
 1. Entity Name
 2AM, INC.



Principal Place of Business Mailing Address
 5721 RYWOOD DRIVE 2428 S. MAPLE AVE
 ORLANDO, FL 32810 US SANFORD, FL 32771 US



03142006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 73-1700321 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
 DEVORE, ROSA L
 2428 S. MAPLE AVE
 SANFORD, FL 32771

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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/T CARTER, MARK T 5721 RYWOOD DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCE, ROBERT A 5705 RYWOOD DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HIBBARD, RANDY D 5722 BRAHMA AVENUE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *[Signature]* *4/26/06* _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #