


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 08:00 AM
 830 Secretary of State

DOCUMENT # P04000157331


1. Entity Name
 AMERICAN OVERSEAS MANAGEMENT AND ADMINISTRATION CORPORATION



Principal Place of Business
 700 11TH STREET S PH 2
 NAPLES, FL 34102

Mailing Address
 700 11TH STREET S PH 2
 NAPLES, FL 34102

DO NOT WRITE IN THIS SPACE



01112007 No Chg-P CR2E034 (11/05)

4. FEI Number 56-2492454	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

ABLE ADVISORY INC
 700 11TH STREET S PH 2
 NAPLES, FL 34102

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

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	P
NAME	ABLE, ANTHONY
STREET ADDRESS	696 PARTRIDGE CT
CITY-ST-ZIP	MARCO ISLAND, FL 34145
TITLE	V
NAME	BRANSTON, CHRIS
STREET ADDRESS	6618 ILEX CIRCLE
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	S
NAME	MORRISON, CANDACE
STREET ADDRESS	4710 15TH AVE SW
CITY-ST-ZIP	NAPLES, FL 34116
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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U00000731821
 05/09/07-80021-008 150.00

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: _____ Date: 4-16-07 Daytime Phone #: 239-430-4310

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR