
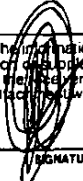


FILED
May 18, 2007 8:00 am
Secretary of State

4/2

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

04-26-2007 90213 031 ***150.00

DOCUMENT # P05000072233					
1. Entity Name AMEGA SCIENCES, INC.					
Principal Place of Business 3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741 US			Mailing Address 3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04192007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number APPLIED FOR / 71-0982875	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BOWEY, KENNETH G 3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 re-registering) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWEY, KENNETH G		NAME		
STREET ADDRESS	796 OAK SHADOWS ROAD		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOWEY, JULIE I		NAME		
STREET ADDRESS	796 OAK SHADOWS ROAD		STREET ADDRESS		
CITY-ST-ZIP	CELEBRATION, FL 34747		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 and 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 member 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 attached form with an address, with all other like empowered.					
SIGNATURE: 		Kenneth G Bowey		4/20/07 407-944-0453	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

66015477



Amega Sciences Inc.

Suite 2

3954 Merlin Drive

Kissimmee

FL 34741

phone: 407 944 0453

fax: 407 931 0553

salesusa@amega-sciences.com

www.amega-sciences.com

Florida Department of State
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

May 14, 2007

To Whom It May Concern:

In response to reference number P05000072233, please see the revised form with our FEI number.

Please contact me with any other questions.

Sincerely,

A handwritten signature in black ink that reads "Kim Sheets". The signature is written in a cursive, flowing style.

Kim Sheets
Office Manager