

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000072233

Entity Name: AMEGA SCIENCES, INC.

FILED
Apr 13, 2009
Secretary of State

Current Principal Place of Business:

3954 MERLIN DRIVE
SUITE #2
KISSIMMEE, FL 34741 US

Current Mailing Address:

3954 MERLIN DRIVE
SUITE #2
KISSIMMEE, FL 34741

FEI Number: 71-0982875

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

1400 HAMLIN AVENUE
SUITE G
ST CLOUD, FL 34771 US

New Mailing Address:

1400 HAMLIN AVENUE
SUITE G
ST CLOUD, FL 37471

Name and Address of Current Registered Agent:

BOWEY, JULIE I
1167 WILDE DRIVE
CELEBRATION, FL 34747 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BOWEY, JULIE I
Address: 1167 WILDE DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O (X) Change () Addition
Name: BOWEY, JULIE I
Address: 1167 WILDE DRIVE
City-St-Zip: CELEBRATION, FL 34747 US

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: JULIE BOWEY

O

04/13/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date