

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000115219

Entity Name: AMT INVESTMENTS, INC.

FILED
Apr 12, 2006
Secretary of State

Current Principal Place of Business:

P.O. BOX 262045
TAMPA, FL 33685

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 262045
TAMPA, FL 33685

New Mailing Address:

FEI Number: 47-0959655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TASSINARI, TINA M
8350 SAVANNAH TRACE CIRCLE
#207
TAMPA, FL 33615 US

Name and Address of New Registered Agent:

TASSINARI, TINA M
911 W. CANDLEWOOD AVE
TAMPA, FL 33603 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:

Electronic Signature of Registered Agent

04/12/2006

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D P () Delete
Name: TASSINARI, MICHAEL J
Address: 8350 SAVANNAH TRACE CIRCLE #207
City-St-Zip: TAMPA, FL 33615

Title: DVPS () Delete
Name: TASSINARI, TINA M
Address: 8350 SAVANNAH TRACE CIRCLE #207
City-St-Zip: TAMPA, FL 33615

Title: T () Delete
Name: TASSINARI, TINA
Address: 8350 SAVANNAH TRACE CIRCLE #207
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: DISHAW, NANCY A
Address: 208 COUNTY ROAD 28
City-St-Zip: OGDENSBURG, NY 13669

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D P (X) Change () Addition
Name: TASSINARI, MICHAEL J
Address: 911 W. CANDLEWOOD AVE
City-St-Zip: TAMPA, FL 33603

Title: DVPS (X) Change () Addition
Name: TASSINARI, TINA M
Address: 911 W. CANDLEWOOD AVE
City-St-Zip: TAMPA, FL 33603

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: TINA M. TASSINARI

Electronic Signature of Signing Officer or Director

DVPS

04/12/2006

Date