

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000069458

Entity Name: AMT INSURANCE INC.

FILED
May 18, 2011
Secretary of State

Current Principal Place of Business:

163 W MORSE BLVD
210
WITNTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

163 W MORSE BLVD
210
WITNTER PARK, FL 32789

New Mailing Address:

FEI Number: 41-2280878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMPBELL, MAURICE W
322 E CENTRAL BLVD
1615
ORLANDO, FL 32801 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

OFFICERS AND DIRECTORS:

Title: D
Name: CAMPBELL, MAURICE
Address: 322 E CENTRAL BLVD #1615
City-St-Zip: ORLANDO, FL 32801

Title: D
Name: CAMPBELL, THELMA
Address: 112 KRUGER ST
City-St-Zip: ORLANDO, FL 32806

I hereby 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 all other like empowered.

SIGNATURE: MAURICE CAMPBELL

D

05/18/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date