

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040770

Entity Name: AMWEST GROUP, INC.

FILED
Jan 11, 2007
Secretary of State

Current Principal Place of Business:

1862 IVORY CANE POINTE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 110310
NAPLES, FL 341080106

New Mailing Address:

FEI Number: 65-0664956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MID-CONTINENTAL SECURITIES CORP.
1862 IVORY CANE POINTE
NAPLES, FL 34119 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: D () Delete
Name: POLLAND, MILTON
Address: 195 TENTH AVE
City-St-Zip: NEW YORK, NY 10011

Title: S () Delete
Name: PALMIERI, JENNY
Address: 3316 BURKS LANE
City-St-Zip: AUSTIN, TX 78732

Title: EVP () Delete
Name: POPE, DOMINICK
Address: 195 TENTH AVENUE
City-St-Zip: NEW YORK, NY 10011

Title: D () Delete
Name: PIOppi, FRANK
Address: 4 CLIFF AVENUE
City-St-Zip: WINTHROP, MA 02152

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: FRANK PIOppi

DIR

01/11/2007

Electronic Signature of Signing Officer or Director

Date