


# 2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # V01211</b> 1. Entity Name <b>AUTOMATED MERCHANT SYSTEMS, INC.</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 AUG 31 PM 2:21

Principal Place of Business <b>600 SO NORTH LAKE BLVD                  STE 140                  ALTAMONTE SPRING, FL 32701 US</b>	Mailing Address <b>600 SO NORTH LAKE BLVD                  STE 140                  ALTAMONTE SPRING, FL 32701 US</b>
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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08252006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3099999</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>SLOAN, DANIEL LEE                  1833 MISTY MORN PLACE                  LONGWOOD, FL 32779</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 reinstating) DATE \_\_\_\_\_

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input checked="" type="checkbox"/> Delete <b>SLOAN, DANIEL LEE</b> <b>1833 MISTY MORN PLACE</b> <b>LONGWOOD, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>900079732009</b> <b>09/12/06--01064--021 **\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>President</b> <b>Sloan, Daniel Lee</b> <b>1833 Misty Morn Place</b> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Vice President</b> <b>Sloan, Daniel Lee</b> <b>1833 Misty Morn Place</b> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Treasurer</b> <b>Sloan, Patrice C</b> <b>1833 Misty Morn Place</b> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>Secretary</b> <b>Sloan, Patrice C</b> <b>1833 Misty Morn Place</b> <b>Longwood, FL 32779</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 or 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 receiver 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 attachment with an address, with all other like empowers.

**SIGNATURE:**  **Daniel L. Sloan** Date: **8-28-06** Daytime Phone #: **407-331-5465**