


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90213 021 ***150.00

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| DOCUMENT # 498664 | |  |
| 1. Entity Name AMVEST CORPORATION | | |

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| Principal Place of Business 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 | Mailing Address 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 |
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| 2. Principal Place of Business - No P.O. Box # 2510 SUN COVE LANE | 3. Mailing Address 2510 SUN COVE LANE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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| City & State N. PALM BEACH, FL | City & State N. PALM BEACH, FL |
| Zip 33410 | Zip 33410 |
| Country US | Country US |



01102007 Chg-P CR2E034 (12/06)

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| 6. Name and Address of Current Registered Agent UVANILE, JOSEPH C. 1250 OLD DIXIE HIGHWAY LAKE PARK, FL 33403 | |
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| 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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| 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 Signature, typed or printed name of registered agent and title if applicable. | DATE |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD UVANILE, JOSEPH C. 1250 OLD DIXIE HWY. LAKE PARK FL., <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2510 SUN COVE LANE N. PALM BEACH, FL 33410 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V UVANILE, JOSEPH D 1250 OLD DIXIE HWY., SUITE 1 LAKE PARK, FL 33403 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <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 empowered.

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| SIGNATURE:  | VP JOSEPH D. UVANILE | Date: 01/10/07 | Daytime Phone #: 561-845-0697 |
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