


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 21, 2004 08:00 AM
Secretary of State**

DOCUMENT # 533306 1. Entity Name AMERICA ON THE MOVE, INC.	
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Principal Place of Business 1800 WEST STATE ROAD 84 FT. LAUDERDALE, FL 33315	Mailing Address 3829 HYDRILLA COURT PORT SAINT LUCIE, FL 34952 US
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DO NOT WRITE IN THIS SPACE



04192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-1742769	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KREIDER, ROBERT B. 1800 WEST STATE ROAD 84 FT. LAUDERDALE, FL 33315	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000122331 04/21/04-80023-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT KREIDER, RICHARD B. 1800 W. STATE RD 84 FT. LAUDERDALE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KREIDER, ROSALEA B 1800 W STATE RD 84 FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC KREIDER ROBERT B 1800 W STATE RD 84 FT LAUDERDALE, FL 00000,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

SIGNATURE:  **4/19/2004** **772 876-6495**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #