2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 19, 2007 8:00 am

					Sec	creta	rv oi 51	tate	
1. Entity Nam AMELIA I	MENT #755844 SLAND NASSAU COUNTY RS, INCORPORATED			03-19-2007 90070 025 ****61.25					
910 SOUTH 14TH STREET 910			tailing Address 910 SOUTH 14TH STREET FERNANDINA BCH, FL 32034-2918						
Principal Place of Business - No P.O. Box # 3.		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03142007 Chg	_I -NP	CR2E037 (12/06)	
City & State		City & State			4. FEI Number 59-2240178	1		Applied For Not Applicable	
Zip	Country	Zip	Country		5. Certificate of State	us Desired	\$8.75 A		
	6. Name and Address of Current I	Registered Agent			7. Name and Addre	ss of New Re	gistered Agent		
			Name		_				
20 SOUTH	.YDE W., ESQ. 1 5TH STREET DINA BEACH, FL 32034		Street A	ddress (P	O. Box Number is No	ot Acceptable))		
								· ·	
			City				FL Zip C	ode	
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE .		and title if applicable. (NOTE: F	Registered Agent signatu	nte tedniced w	rhen reinstating)		DATE		
SIGNATURE .		9. Election Camp Trust Fund Col	paign Financing		\$5.00 May Be Added to Fees		DATE ake check payable da Department of		
SIGNATURE .	Signature, typed or printed name of registered agent a	9. Election Camp Trust Fund Co	paign Financing	_ ;	\$5.00 May Be	Florie	ake check payable da Department of	State	
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2007	9. Election Camp Trust Fund Co	paign Financing ntribution.	_ ;	\$5.00 May Be Added to Fees	Florie	ake check payable da Department of	State IN 10	
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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 617, 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: Clyrle Grilly	chade Goodbread,	EUP	3-14-07	904261813.
SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date	Davisma Phone #