


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008 08:00 AM
Secretary of State

DOCUMENT # 830900 1. Entity Name AMFI INVESTMENTS CORPORATION	
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Principal Place of Business 3500 S DUPONT HWY DOVER, DE 19903 US	Mailing Address 4060 BARRANCAS AVE PENSACOLA, FL 32507
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01302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1215272	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARRISON, C B
4060 BARRANCAS AVENUE
PENSACOLA, FL 32507

DO NOT WRITE IN THIS SPACE

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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YANCEY, B 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SOUTHERLAND, L B 4060 BARRANCAS AVENUE PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HARRISON, CAROL B 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAUCH, R.E. 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HESS, M.W. 4060 BARRANCAS AVE. PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

1000000210109
02/08/08-80051-014 150.00

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.

SIGNATURE: Carol B Harrison Date: 1/30/08 Daytime Phone #: 850-456-7401

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR