2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#830900

City-St-Zip: PENSACOLA, FL 32507

Entity Name: AMFI INVESTMENTS CORPORATION

FILED Feb 06, 2009 Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place of Business:			
3500 S DL DOVER, D	JPONT HWY DE 19903 U	5				
Current Mailing Address:			New Mailing Address:			
	RANCAS AVE DLA, FL 32507					
FEI Number:	: 59-1215272	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:			
HARRISON, C B 4060 BARRANCAS AVENUE PENSACOLA, FL 32507 US			HARRISON, CAROL B 4060 BARRANCAS AVENUE PENSACOLA, FL 32507 US			
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE: CAROL B	HARRISON		02/06/2009		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	PD () YANCEY, B 4060 BARRANC PENSACOLA, F		Title: Name: Address: City-St-Zip:	PD YANCEY, JA 4060 BARRA PENSACOLA	ANCAS AVE.	
Title: Name: Address: City-St-Zip:	VSD () SOUTHERLAND 4060 BARRAND PENSACOLA, F	AS AVENUE	Title: Name: Address: City-St-Zip:	4060 BARR	(X) Change () Addition AND, LEONARD B ANCAS AVENUE A, FL 32507	
Title: Name: Address: City-St-Zip:	TD () HARRISON, CA 4060 BARRANC PENSACOLA, F	AS AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () MAUCH, R.E. 4060 BARRANC PENSACOLA, F		Title: Name: Address: City-St-Zip:	D MAUCH, RU 4060 BARRA PENSACOLA		
Title: Name: Address:	D () HESS, M.W. 4060 BARRANO	Delete	Title: Name: Address:	D HESS, MARI 4060 BARRA		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip: PENSACOLA, FL 32507

SIGNATURE: CAROL B HARRISON T 02/06/2009