


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000002258</b>		
1. Entity Name THE AME FOUNDATION, INC.		
Principal Place of Business P.O. BOX 8847 CORAL SPRING, FL 33075	Mailing Address P.O. BOX 8847 CORAL SPRING, FL 33075	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  MCNAMARA, THOMAS P 2909 BAY TO BAY BLVD., STE. 309 TAMPA, FL 33629		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)</small>		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD SERBIN, JAY P.O. BOX 8847 CORAL SPRINGS, FL 33075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SERBIN, RANDI P.O. BOX 8847 CORAL SPRINGS, FL 33075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SERBIN, CAROL P.O. BOX 8847 CORAL SPRINGS, FL 33075	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: <u>JAY SERBIN</u> Pres. 1/16/06 954-346-1996 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



01142006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0994251	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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01/25/06-80005-001 61.25

**DO NOT WRITE  
IN THIS SPACE**