

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003572

Entity Name: AMCAN HOLDINGS, INC.

FILED
Jan 31, 2008
Secretary of State

Current Principal Place of Business:

500 N. MAITLAND AVE., SUITE 215
MAITLAND, FL 32751

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 940368
MAITLAND, FL 327940368

New Mailing Address:

FEI Number: 59-2699429

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUIDA, FRANK J
500 N. MAITLAND AVE., SUITE 215
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CHANDARIA, CHAND
Address: 500 N. MAITLAND AVE, SUITE 215
City-St-Zip: MAITLAND, FL 32751

Title: VD () Delete
Name: CHANDARIA, PULIN
Address: 500 N. MAITLAND AVE, SUITE 215
City-St-Zip: MAITLAND, FL 32751

Title: VST () Delete
Name: PARIKH, PIYUSH
Address: 500 N. MAITLAND AVE, SUITE 215
City-St-Zip: MAITLAND, FL 32751

Title: V () Delete
Name: NYSTROM, DENNIS
Address: 500 N. MAITLAND AVE, SUITE 215
City-St-Zip: MAITLAND, FL 32751

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: PIYUSH PARIKH

T

01/31/2008

Electronic Signature of Signing Officer or Director

Date