## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F22829

FILED Jan 04, 2006 Secretary of State

Entity Name: AUTOMATED MANAGEMENT SERVICES, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1845 STETSON DR. CLEARWATER, FL 33765 US **Current Mailing Address: New Mailing Address:** 1845 STETSON DR. CLEARWATER, FL 33765 US FEI Number: 59-2422846 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WARNER, EDWIN 1845 STETSON DR CLEARWATER, FL 33765 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ( ) Delete Title: (X) Change ( ) Addition WARNER, EDWIN, WARNER, EDWIN, Name:

Title:

Title: Name: 1845 STETSON DR 1845 STETSON DR Address: Address: City-St-Zip: CLEARWATER, FL City-St-Zip: CLEARWATER, FL 33765

DS Title: DS (X) Change ( ) Addition () Delete

WARNER, MARILYN Name: WARNER, MARILYN Name: 1845 STETSON DR Address: 1845 STETSON DR Address: CLEARWATER, FL CLEARWATER, FL 33765 City-St-Zip: Citv-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWIN WARNER DP 01/04/2006