2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 06, 2006 08:00 AM Secretary of State **DOCUMENT # F96000001426** 1. Entity Name AMSPOKER CORPORATION Mailing Address Principal Place of Business 2853 RINGWOOD MEADOW 2853 RINGWOOD MEADOW SARASOTA, FL 34235 SARASOTA, FL 34235 02282006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 39-1397485 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE AMSPOKER, ROBERT D 2853 RINGWOOD MEADOW SARASOTA, FL 34235 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 \square Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. PCDT TITLE AMSPOKER, ROBERT D NAME STREET ADDRESS 2853 RINGWOOD MEADOW SARASOTA, FL City-St-2ip 1100000457533 TITLE 03/17/06-90008-018 150.00 AMSPOKER, DORIS J NAME 2853 RINGWOOD MEADOW STREET ADDRESS CITY-ST-ZIP SARASOTA, FL TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE THRE NAME STREET ADDRESS CITY-ST-ZIP DILE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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:

CHTY-ST-ZIP TATLE

STREET ADDRESS City-St-zip

> SIGNATURE AND TYPED OR PRINTED NAME OF FFICER OR DIRECTOR

FILED