
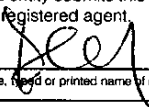
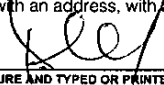


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90026 003 ***158.75

DOCUMENT # H08852 1. Entity Name AMDEV PROPERTIES, INC.					
Principal Place of Business 1917 BOOTHE CIRCLE #171 LONGWOOD, FL 32750 US			Mailing Address P.O. BOX 941719 MAITLAND, FL 32794 US		
2. Principal Place of Business 503 Wekiva Common Circle		3. Mailing Address P.O. Box 1029			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Apopka, FL		City & State Apopka, FL		4. FEI Number 59-2439091	
Zip 32712		Country Orange		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip 32704		Country Orange		6. Name and Address of Current Registered Agent MOORE, DONALD L JR. 1917 BOOTHE CIRCLE #171 LONGWOOD, FL 32750	
7. Name and Address of New Registered Agent Name Moore, Donald L Jr. Street Address (P.O. Box Number is Not Acceptable) 503 Wekiva Commons Circle City Apopka FL Zip Code 32712		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:  (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS MOORE, DONALD L., JR. 1917 BOOTHE CIRCLE #171 LONGWOOD, FL 32750	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS Moore, Donald L Jr. P.O. Box 1029 Apopka, FL 32704
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 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:  Pres. 4/4/06 407-410-0210 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

40046042

