2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H79045

1. Entity Name

AMERICAN MOVE SYSTEMS, INC.



FILED Jan 18, 2007 08:00 AM Secretary of State

Principal Place of Business

C/O WILMA J. SHELLEY, P.O. BOX 2317 113 HOLLYWOOD BOULEVARD FT. WALTON BEACH, FL 32548 Mailing Address

113 HOLLYWOOD BLVD. N.W. P.O. BOX 2317

FT. WALTON BEACH, FL 32549



DO NOT WRITE IN THIS SPACE

01132007	NO Crig-F	CR22004 (11/00)		
4. FEI Number			Applied For	

59-2592404

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELLEY, WILMA J. 113 HOLLYWOOD BOULEVARD FT. WALTON BEACH, FL 32548

DO NOT WRITE IN THIS SPACE

		IN THIS SPACE			
	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	d office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if	f applicable (NOTE: Registered	Agent signature	required when reinstating)	DATE
Fil. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Finance Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	000000590838 01/18/07-80072-011 150.00
10.	OFFICERS AND DIREC	TORS			
NAME STREET ADDRESS CITY-ST-ZIP	PD SHELLEY, WILMA J. 259 SLEEPY OAKS RD. FORT WALTON BEACH, FL 32548		DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KLIMETZ, DIANE A. 201 WILLARD RD. FORT WALTON BEACH, FL 32548				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SHELLEY, EULICE E 259 SLEEPY OAKS RD FORT WALTON BEACH, FL 32548				
TITLE NAME SYREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					O. Elevide Ctalutes J. further codify 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:

toma Adully

_Wilma_J._Shellev_

<u>1/16/07</u> (850)_243-2083_