


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # J05556 1. Entity Name AMAS DEVELOPMENT CORPORATION		
Principal Place of Business 1103 E LAS OLAS BLVD 200 FT LAUDERDALE, FL 33301 US	Mailing Address 1103 E LAS OLAS BLVD 200 FT LAUDERDALE, FL 33301 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SHIFF, MICHAEL A. 1103 E LAS OLAS BLVD FT LAUDERDALE, FL 33301		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADY, JAMES C. 1508 SE THIRD AVE FT LAUDERDALE, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SHIFF, MICHAEL A 1103 E LAS OLAS BLVD. #200 FORT LAUDERDALE, FL 33301	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date _____ Daytime Phone # _____



01192006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2665410	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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02/21/06-80043-001 150.00

**DO NOT WRITE
IN THIS SPACE**