2007 FOR PROFIT CORPORATION ANNUAL REPORT

02-20-2007 90041 047 ***150.00
FILED J33784
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # J33784

1. Entity Name
AMAFILTERGROUP, INC.

Principal Place of Business	Mailing Address
11505 PYRAMID DRIVE ODESSA, FL 33556 US	20000 GOVERNORS DRIVE SUITE 301 OLYMPIA FIELDS, IL 60461 US

01152007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
	11505 PYRAMID DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: ODESSA FL
Zip / Country	Zip: 33556 / Country: US

4. FEI Number: 59-2722381 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAMILTON, THEODORE J ESQUIRE 1010 N. FLORIDA AVE. TAMPA, FL 33602	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PD PINILLA, MARTIN 11505 PYRAMID DR ODESSA, FL 33556	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD ~~LORIG, ALAN S~~ 11505 PYRAMID DR ODESSA, FL 33566	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DOUG WORKMAN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DOUG WORKMAN 11505 PYRAMID DRIVE ODESSA FL 33556	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Doug Workman 01/25/07 336 601-3625
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #