2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2005
Secretary of State

DOCUMENT# L02000000236

Entity Name: AMERYTEK, LLC

Current Principal Place of Business:

127 SUMMIT ASH WAY
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 590415
ORLANDO, FL 32859 US

New Mailing Address:

FEI Number: 04-3615632 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

TINEO, LUIS A
3812 DOUBLE EAGLE DR
3122
ORLANDO, FL 32839 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: TINEO, LUIS A
Address: 5607 PGA BLVD. 1715
City-St-Zip: ORLANDO, FL 32839-351 US

Title: MGRM ( ) Delete
Name: APONTE, CLAUDIA M
Address: 5607 PGA BLVD. 1715
City-St-Zip: ORLANDO, FL 32839-351 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: TINEO, LUIS A
Address: 3812 DOUBLE EAGLE DR
City-St-Zip: ORLANDO, FL 32839-351 US

Title: MGRM (X) Change ( ) Addition
Name: APONTE, CLAUDIA M
Address: 3812 DOUBLE EAGLE DR
City-St-Zip: ORLANDO, FL 32839-351 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: LUIS TINEO MGRM 05/01/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date