


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000033885 1. Entity Name AMERICAN MARKETING RESOURCES, LLC	
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Principal Place of Business 2611 BAYSHORE BLVD., #1201 TAMPA, FL 33629	Mailing Address 2611 BAYSHORE BLVD., #1201 TAMPA, FL 33629
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01242008 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 14-1907510	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

STULL, R. JEFFREY 602 SOUTH BOULEVARD TAMPA, FL 33606
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**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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR STULL, MAXINE R MS. 2611 BAYSHORE BLVD, #1201 TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FYVOLENT, SARAH J MS. 3502 W. SAN PEDRO ST TAMPA, FL 33629
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04/22/06-80016-008 50.00

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11. 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 is true and accurate and that my 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: *Maxine R. Stull* **MAXINE R. Stull** 3/7 813-250-3999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #