

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L45856

Entity Name: AMERIPLUS, INC.

FILED  
Jan 09, 2006  
Secretary of State

**Current Principal Place of Business:**

14300 CARLSON CIRCLE  
TAMPA, FL 33626 US

**New Principal Place of Business:**

400 RACE TRACK ROAD  
OLDSMAR, FL 34677 US

**Current Mailing Address:**

PO BOX 1739  
OLDSMAR, FL 34677 US

**New Mailing Address:**

FEI Number: 59-2986848      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SOROTA, JOSEPH J. JR.  
28100 US HWY 19 NORTH  
SUITE 504  
CLEARWATER, FL 337612686 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DST ( ) Delete  
Name: PARKER, WILLIAM L.  
Address: 1709 FAULDS RD  
City-St-Zip: CLEARWATER, FL

Title: DP ( ) Delete  
Name: POIRIER, STEVE,  
Address: 2820 CHELSEA PLACE N.  
City-St-Zip: CLEARWATER, FL

Title: D ( ) Delete  
Name: PARKER, WILLIAM M  
Address: 710 EASTLAKE DR.  
City-St-Zip: TARPON SPRINGS, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DP (X) Change ( ) Addition  
Name: POIRIER, STEVE,  
Address: 526 PONCE DE LEON BLVD.  
City-St-Zip: CLEARWATER, FL 33756

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVEN W. POIRIER

PRES

01/09/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date