

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90184 037 ***150.00

DOCUMENT # M03000002394 1. Entity Name AMERI PLUS SELECT SERVICES LLC	
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Principal Place of Business 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763	Mailing Address 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763
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DO NOT WRITE IN THIS SPACE



02092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 04-3731350	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 NORTH, HEATHER L 2536 COUNTRYSIDE BLVD., 6TH FLOOR CLEARWATER, FL 33763
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HAIGH, HERBERT 2536 COUNTRYSIDE BLVD., 6TH FL CLERWATER, FL 33763
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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:  Date: 4/9/07 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE