2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# N02000008924

Entity Name: AMEN, INC.

Current Principal Place of Business:

1050 AVIARY RD
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

1050 AVIARY RD
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 56-2311882 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SLATER, ROBERT W
214 BRAZILIAN AVE #260
PALM BEACH, FL 33480 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	LONG, TRACY	
Address:	1050 AVIARY RD	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	(X) Delete
Name:	WILSON, BRIAN	
Address:	9408 COVENTRY CT	
City-St-Zip:	WEST PALM BEACH, FL 33411	
Title:	D	( ) Delete
Name:	LONG, MARY	
Address:	1050 AVIARY RD	
City-St-Zip:	WELLINGTON, FL 33414	
Title:	D	( ) Delete
Name:	CLIFTON, CHRIS	
Address:	14101 OKEECHOBEE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	LOCKE, DALE	
Address:	14101 OKEECHOBEE BLVD	
City-St-Zip:	LOXAHATCHEE, FL 33470	
Title:	D	( ) Delete
Name:	WENDELL, CHARLES	
Address:	631 N	
City-St-Zip:	LAKE WORTH, FL 33460	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TRACY LONG D 04/25/2006

Electronic Signature of Signing Officer or Director — Date