


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 05, 2006 8:00 am**  
**Secretary of State**

09-05-2006 90026 017 \*\*\*\*70.00

<b>DOCUMENT # N04000006985</b>	
1. Entity Name <b>AMPLIFY, INC.</b>	

Principal Place of Business <b>1335 INWOOD TERR. JACKSONVILLE, FL 32207</b>	Mailing Address <b>1335 INWOOD TERR. JACKSONVILLE, FL 32207</b>
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**60038484**



2. Principal Place of Business <b>3519 Herschel Ave.</b>	3. Mailing Address <b>1142 Mapleton Rd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07252006 Chg-NP CR2E037 (4/06)

City & State <b>Jacksonville, FL</b>	City & State <b>Jacksonville, FL</b>
Zip <b>32205</b>	Zip <b>32207</b>
Country <b>US</b>	Country <b>US</b>

4. FEI Number <b>20-1465640</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>GANNAM, ROGER K 50 NORTH LAURA ST., STE. 2600 JACKSONVILLE, FL 32202</b>	
7. Name and Address of New Registered Agent Name <b>Gannam, Roger K. (same)</b> Street Address (P.O. Box Number is Not Acceptable) <b>12276 San Jose Blvd. Suite 126 Lindell, Farson + Pinckney, PA</b> City <b>Jacksonville</b> FL Zip Code <b>32203</b>	

new:

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 <b>Roger K. Gannam</b>	DATE <b>8/1/06</b>
<small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>Filing Fee is \$61.25 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - C RIDER, CECILE 1121 MORVENWOOD RD. JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LORI BACH 1355 Greenridge Rd. Jacksonville, FL 32207</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STAKE, CAROLINE 1142 MAPLETON RD. JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V STAKE, IAN 1142 MAPLETON RD. JACKSONVILLE, FL 32207</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D COSPER, ANGIE 1529 BROOKWOOD ROAD JACKSONVILLE, FL 32207</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FLANDERS, SCOTT 7305 SAN PEDRO ROAD JACKSONVILLE, FL 32217</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D - S GLOVER, KEVIN 1172 DURBIN PARKE DRIVE JACKSONVILLE, FL 32259</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 	<b>Caroline L. Stake</b>	DATE <b>8/1/06</b>	DAYTIME PHONE # <b>(904)346-3163</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	<small>DAYTIME PHONE #</small>

**ATTACHMENT**

~~60038484~~

amplify, inc.

~~#NO 4000006985~~

20-1465640

**Other Current Board Members / Directors:**

Kelly Murphy – D  
2939 Dupont Ave.  
Jacksonville, FL 32217

Bob Joel – D - (Vice-Chair)  
6319 Christopher Creek Rd. W.  
Jacksonville, FL 32217

Julie Hash – D  
1300 Jean Court  
Jacksonville, FL 32207

**Former Board Members: Please Delete:**

Wayne Wiatt

Barry Henry

Keith Lechwar