

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000001261

FILED
Apr 24, 2006
Secretary of State

Entity Name: AMERICAN MANAGEMENT & MARKETING ASSOCIATION, INC.

Current Principal Place of Business:

1719 SW 110 ST
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

1719 SW 110 ST
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAI, SHERMAN X
1719 SW 110 ST
GAINESVILLE, FL 32607 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: DV () Delete
Name: DUEDALL, IVER W
Address: 691 ACACIA AVE
City-St-Zip: MELBOURNE VILLAGE, FL 32904

Title: DS () Delete
Name: SHIEH, CHIH-SHIN
Address: 240 LAGO CIRCLE #102
City-St-Zip: WEST MELBOURNE, FL 32904

Title: DP () Delete
Name: BAI, SHERMAN X
Address: 1719 SW 110 ST
City-St-Zip: GAINESVILLE, FL 32607

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:

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: SHERMAN BAI

DP

04/24/2006

Electronic Signature of Signing Officer or Director

Date