

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 14, 2008
Secretary of State

DOCUMENT# N06000002212

Entity Name: AMERICAN ASSOCIATION OF MULTI SENSORY ENVIRONMENTS, INC.**Current Principal Place of Business:**JACKSON HOSPITAL
DIVISION OF TRAUMA & SURGICAL CRITICAL CAR
MIAMI, FL 33101**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 016960
MIAMI, FL 33101**New Mailing Address:**GILLIAN HOTZ - LOIS POPE LIFE CENTER, 1-41
1095 N.W. 14TH TERRACE
MIAMI, FL 33136**FEI Number:** 56-2600893**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: RADER, RICK
Address: 615 DERBY STREET
City-St-Zip: CHATTANOOGA, TN 37404

Title: D () Delete
Name: HOLTZ, GILLIAN
Address: P. O. BOX 016960
City-St-Zip: MIAMI, FL 33101

Title: D () Delete
Name: STAAL, JASON
Address: 1ST AVE. AT 16TH STREET
City-St-Zip: NEW YORK, NY 10003

Title: D () Delete
Name: MESSBAUER, LINDA
Address: 75-11 198TH STREET
City-St-Zip: FRESH MEADOW, NY 11366

Title: D () Delete
Name: LARA, ISABEL
Address: 2966 S.W. 145 AVE.
City-St-Zip: MIAMI, FL 33175

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:

I hereby certify that the information supplied with this filing does not qualify 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: GILLIAN HOTZ

DIR

02/14/2008

Electronic Signature of Signing Officer or Director

Date