

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N39897

FILED
Feb 09, 2006
Secretary of State

Entity Name: AMERICAN VETERAN NEWSPAPER, INC.

Current Principal Place of Business:

6632 COLLINS AVENUE
MIAMI BEACH, FL 33147 US

New Principal Place of Business:

6632 COLLINS AVENUE
MIAMI BEACH, FL 33141 US

Current Mailing Address:

930 N.W. 84TH TERRACE
MIAMI, FL 33150 US

New Mailing Address:

6632 COLLINS AVE
MIAMI BEACH, FL 33141 US

FEI Number: 65-0238022

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TYSON, LAURA
930 N.W. 84TH TERRACE
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

TYSON, LAURA REG.
6632 COLLINS AVE
MIAMI BEACH, FL 33141 US

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: LAURA TYSON

02/09/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, STEPHEN P
Address: 6630 INDIAN CREEK DRIVE, # 220
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD () Delete
Name: BURMESTER, RUSTY
Address: 1065 W. LOMITA BLVD., #32
City-St-Zip: HARBOR CITY, CA 90745

Title: STD () Delete
Name: TYSON, LAURA
Address: 930 N.W. 84TH TERRACE
City-St-Zip: MIAMI, FL 33150

Title: D (X) Delete
Name: HAMMEL, TOM
Address: 1447 TYLER AVENUE
City-St-Zip: HOLLYWOOD, FL 33020

Title: D (X) Delete
Name: SNIFFEN, ROBERT
Address: 2041 E GRAND AVE, SUITE A-20
City-St-Zip: ESCONDIDO, CA 92027

Title: D (X) Delete
Name: RASH, PATRICIA K
Address: 2995 1ST STREET
City-St-Zip: AUBURN, CA 95603

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SMITH, STEPHEN P PD
Address: 6632 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: VPD (X) Change () Addition
Name: BURMESTER, RUSTY VPD
Address: 6632 COLLINS AVENUE
City-St-Zip: MIAMI BEACH, FL 33141

Title: STD (X) Change () Addition
Name: TYSON, LAURA STD
Address: 6632 COLLINS AVE
City-St-Zip: MIAMI BEACH, FL 33141

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: STEPHEN P. SMITH

PD

02/09/2006

Electronic Signature of Signing Officer or Director

Date