2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003068

10763 KING GEORGE LN.

City-St-Zip: NAPLES, FL 34109

Address:

FILED Jan 18, 2009 Secretary of State

D 0 0 0 10		300000000		ocorciary or orac	
Entity Na	me: AMVE	TS POST 23 INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place	of Business:	
2727 BAYS #105	SHORE DR				
NAPLES, I	FL 34112	US			
Current M	lailing Addı	ress:	New Mailing Address	New Mailing Address:	
2727 BAYS #105	SHORE DR				
NAPLES, I	FL 34112	US			
FEI Number	: 65-0616139	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address o	f Current Registered Agent	:: Name and Address o	f New Registered Agent:	
1895 COU NAPLES, I		AY #105 US	he purpose of changing its registered	d office or registered agent, or both,	
SIGNATU	RE:				
	Electi	onic Signature of Registered	Agent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PALMER, TI	()Delete MOTHY P PRES. TYARD WAY #105 34112	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DONALD, HA	()Delete AZEL G FIN OF. SS WAY E, APT 5B 34110	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ADJ.	() Delete	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: TIMOTHY P. PALMER MR. 01/18/2009