

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000000464

Entity Name: AMMANN AMERICA, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

830-13 A1A NORTH
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

Current Mailing Address:

920 3RD STREET
SUITE D
NEPTUNE BEACH, FL 32266 US

New Mailing Address:

FEI Number: 59-3619314 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOULD, STEPHEN A ESQ
920 3RD STREET
SUITE D
NEPTUNE BCH, FL 32266 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HABERMACHER, URS
Address: EISENBAHNSTRASSE 25
City-St-Zip: LANGENTHAL, SW CH-4901 SW

Title: PD () Delete
Name: STRYFFELER, CHRISTIAN
Address: EISENBAHNSTRASSE 25
City-St-Zip: LANGENTHAL, SW CH-4901 SW

Title: D () Delete
Name: KOCHER, REGINE F
Address: EISENBAHNSTRASSE 25
City-St-Zip: LANGENTHAL, SW CH-4901 SW

Title: S T () Delete
Name: FEIMAN, ROBERT
Address: 3059 CYPRESS CREEK DRIVE NORTH
City-St-Zip: PONTE VEDRA, FL 32082

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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT FEIMAN

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04/23/2009

Electronic Signature of Signing Officer or Director

Date