

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000041963

Entity Name: AMP TECHNOLOGIES, INC.

FILED
Jan 08, 2008
Secretary of State

Current Principal Place of Business:

3000 W. NINI MILE ROAD
PENSACOLA, FL 32534

New Principal Place of Business:

3000 W. NINE MILE ROAD
PENSACOLA, FL 32534

Current Mailing Address:

P.O. BOX 36386
PENSACOLA, FL 32516

New Mailing Address:

FEI Number: 59-3643187 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

POSTON, ALICIA M
6002 CRABTREE CHURCH ROAD
MOLINO, FL 32577 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: PST () Delete
Name: POSTON, ALICIA
Address: 6002 CRABTREE CHURCH ROAD
City-St-Zip: MOLINO, FL 32577

Title: VP () Delete
Name: POSTON, DAVID L
Address: 6002 CRABTREE CHURCH ROAD
City-St-Zip: MOLINO, FL 32577

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: POSTON, ALICIA M
Address: 6002 CRABTREE CHURCH ROAD
City-St-Zip: MOLINO, FL 32577

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: ALICIA M. POSTON

PST

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date