2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 15, 2008 08:00 Al Secretary of State

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1. Entity Narr	MENT # P000001165 ASSET MANAGEMENT, INC.					iry or St	
	e of Business	Mailing Address					
9250 CORKS 8	SCREW RD	9250 CORKSCREW RD 8	i	ľ			
ESTERO, FL	33928	ESTERO, FL 33928) (22 /4 2 /4 (4))	#### ## ### # # ### # # ##	Pa er ala e (kana a isa) a isi	NE ARREM TORONO DE LO TUROS
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100 s <u>1</u>				01082008	No Chg-P	CR2E034 (1	1/05)
. D	O NOT WRITE	IN THIS SPA	CE I	4. FEI Numbe			Applied For
4	Mark to the first	des ribes a la modela	taling the second	65-107	of Status Desired	\$8.7	Not Applicable 75 Additional
<u> </u>	6. Name and Address of Current Re	gistered Agent		a. Confidence	or status Desired		Required
MILEDS				, ≱, ĕ ; ,			
9250 COR	STEPHANIE KSCREW RD, #8			4 Mars 1984 1 1 16	NOT W	C. 6 72 14	
ESTERO,	FL 33928		The loans	INT	THIS SP	ACE	1
				CONTROL OF		Property.	
8. 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. 1 am familiar with, and accept the obligations of registered agent.							
SIGNATURE.							
<u> </u>	Signature, typed or printed name of registered agent and	title if applicable (NOTE: Registore	d Agent signature required	when rainstating)		DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		 Election Campaign Finar Trust Fund Contribution. 		00 May Be	U0000 04/28/08	08999080	
10.		}		J	A R DOL DO	-80024-0(78 120.00
TITLE	OFFICERS AND DIE	RECTORS			Col Period Sales	-80024-0 ₀	J8 150.00
NAME	OFFICERS AND DIF DPVS MILLER, STEPHANIE	RECTORS				-80024-0 ₁	J8 150.00
STREET ADDRESS	DPVS MILLER, STEPHANIE 9250 CORKSCREW RD., #8	RECTORS				-80024-01	J8 150,00
STREET ADDRESS CITY-ST-ZIP	DPVS MILLER, STEPHANIE 9250 CORKSCREW RD., #8 ESTERO, FL 33928	RECTORS					J8 150,00
STREET ADDRESS CITY-ST-ZIP	DPVS MILLER, STEPHANIE 9250 CORKSCREW RD., #8 ESTERO, FL 33928	RECTORS				-80024-01	J8 150,00
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12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY+ST-ZIP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/08 239-277-1515 Date Destring Phone #