2006 FOR PROFIT CORPORATION

FILED Apr 13, 2006 8:00 am

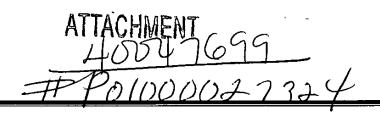
	ANNUAL REPORT							Secretary of State					
DOCUMENT # P01000027324 1. Entity Name AMUSANT, INC.									04-13-2006	•			
Principal Place of Business				Mailing Address			_		ייבטע.				
5420 HICKORY STREET Panama City, FL 32404			5	5420 HICKORY STREET Panama City, FL 32404			•			 		1 22 1 11 1221	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				03302006	Chg-P	CR2E03	34 (11/05)		
City & State				City & State				4. FEI Numb 59-370				plied For t Applicable	
Zip	,	Country		Zip	Coun	try			of Status Desired	<u> </u>	88.75 Add ee Require		
	6. Name	and Address of Curre	nt Regis	tered Agent		Name	3.	7. Name and	Address of New F	legistered A	gent		
SINCLAIR, KATHI 5420 HICKORY STREET PANAMA CITY, FL 32404						ddress (P.O. Box Numb	er is Not Acceptable	е) -		, .		
						54 city ()	190	<u> </u>	tory si	FL	Zip Code	3710d	
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. I am familiar with, and acc												Section 2015	
the obligations of registered agent.													
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE													
								.00 May Be ed to Fees					
10. OFFICERS AND				DIRECTORS 11.				ADDITIONS	CHANGES TO OFF		1.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ROBERT TERN DRIVE AL 36607		□ Delete			361 Mo	3 St. A bile, AL	ndrews Lan . 36693		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		HLL B TERN DRIVE AL 36607		Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		- 1					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete							☐ Change	☐ Addition	

12. I hereby certify that the information supplied with this filing 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 frue 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #



FILING INSTRUCTIONS

2006 UNIFORM BUSINESS REPORT (UBR)

NAME:

Amusant, Inc.

DUE DATE:

May 1, 2006.

REMITTANCE:

There is a balance due in the amount of \$150.00. Make your check payable

to the "Florida Department of State". If paid after May 1, 2006, the amount

due would be \$550.00.

SIGNATURE:

Sign and date the return on Page 1. - Completion

MAIL TO:

Division of Corporations

Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

OTHER:

Initial and date the copy and retain it for your records.