


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 14, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000028586</b> 1. Entity Name A-M-A-S-T, INC.	
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Principal Place of Business 1590 NORTH BROADWAY BARTOW, FL 33830	Mailing Address 1590 NORTH BROADWAY BARTOW, FL 33830
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<b>DO NOT WRITE IN THIS SPACE</b>
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05102007 No Chg-P CR2E034 (11/05)

4. FEI Number 31-1763451	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  TRAKAS, ANDREW P 123 AVENUE C, S.W. WINTER HAVEN, FL
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 accept 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

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASTROMINAS, ANDREAS 475 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MASTROMINAS, NIKOLAOS 475 SHADY LANE BARTOW, FL 33830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NIKOLAIDES, FAYE E 207 SANTA ROSA DRIVE WINTER HAVEN, FL 33884
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U000000763989 05/30/07-80037-021 150.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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 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:** Andreas Mastrominas 5-11-07 863-533-2060  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #