2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000088856

Entity Name: AMA TRANSITIONS AND MARKETING, INC.

FILED Apr 20, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

2435 US HIGHWAY 19 SUITE 220 HOLIDAY, FL 34691

Current Mailing Address: New Mailing Address:

2435 US HIGHWAY 19 SUITE 220 HOLIDAY, FL 34691

FEI Number: 59-3736023 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BROWN, ANTHONY R
4615 FORT SHAW DRIVE
NEW PORT RICHEY, FL 34655 US
BROWN, ANTHONY R
1553 MIST LOOP
TRINITY, FL 34655 US

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: ANTHONY R. BROWN 04/20/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition BROWN, HEATHER L BROWN, HEATHER L Name: Name: 4615 FORT SHAW DRIVE 1553 REGAL MIST LOOP Address: Address: City-St-Zip: NEW PORT RICHEY, FL 34655 City-St-Zip: TRINITY, FL 34655

Title: D () Delete Title: D (X) Change () Addition

 Name:
 BROWN, ANTHONY R
 Name:
 BROWN, ANTHONY R

 Address:
 4615 FORT SHAW DRIVE
 Address:
 1553 REGAL MIST LOOP

 City-St-Zip:
 NEW PORT RICHEY, FL 34655
 City-St-Zip:
 TRINTY, FL 34655

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTHONY R. BROWN D 04/20/2006