

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 12, 2005 8:00 am
Secretary of State

08-12-2005 90003 009 ***150.00

DOCUMENT # P01000102828					
1. Entity Name AMERICA MANAGEMENT GROUP, INC.					
Principal Place of Business 5449 S SEMORAN BLVD., STE 229 ORLANDO, FL 32822			Mailing Address 5449 S SEMORAN BLVD., STE 229 ORLANDO, FL 32822		
2. Principal Place of Business 8843 LARWIN LN. Suite, Apt. #, etc.		3. Mailing Address 8843 LARWIN LANE Suite, Apt. #, etc.			
City & State ORLANDO / FL		City & State ORLANDO / FL		4. FEI Number 59-3753140	
Zip 32817		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CHOW, CHING 5449 S. SEMORAN BLVD., STE. 220 ORLANDO, FL 32822			7. Name and Address of New Registered Agent		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	SD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, TAMARA	NAME			
STREET ADDRESS	3016 SARATOGA DRIVE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32806	CITY-ST-ZIP			
TITLE	PC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUANG, CHENG-HAO	NAME			
STREET ADDRESS	8843 LARWIN LANE	STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL 32817	CITY-ST-ZIP			
TITLE	VTD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUO, I-KU (JOEY)	NAME			
STREET ADDRESS	9074 LA LINDA AVE	STREET ADDRESS			
CITY-ST-ZIP	FOUNTAIN VALLEY, CA 92708	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 		CHENG-HAO HUANG		Aug 8th, 2005 407-6788074	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

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