2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008
Secretary of State

DOCUMENT# P02000086388

Entity Name: AMERICAN MACHINERY CORP.

Current Principal Place of Business:

19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 34987

New Principal Place of Business:

19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 349872603 US

Current Mailing Address:

19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 34987

New Mailing Address:

19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 349872603 US

FEI Number: 52-2370652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILSON, DANIEL J
19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 34987 US

Name and Address of New Registered Agent:

WILSON, JACQUELINE L
19050 GLADES CUT-OFF ROAD
PORT ST. LUCIE, FL 349872603 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: JACQUELINE WILSON 04/18/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILSON, DANIEL J
Address: 10517 SW STRATTON DR.
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: TSD (X) Delete
Name: WILSON, JACQUELINE L
Address: 11393 SW PEMBROKE DR.
City-St-Zip: PORT ST. LUCIE, FL 34987 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD (X) Change ( ) Addition
Name: WILSON, JACQUELINE L
Address: 11393 SW PEMBROKE DR
City-St-Zip: PORT ST. LUCIE, FL 34987 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE WILSON P 04/18/2008
Electronic Signature of Signing Officer or Director Date