

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106547

FILED
Apr 18, 2005
Secretary of State

Entity Name: AMERICAN MEDICAL INFRARED ACADEMY, INC.

Current Principal Place of Business:

2842 KELLY BROOK LANE
DEERFIELD, FL 33442

New Principal Place of Business:

Current Mailing Address:

2842 KELLY BROOK LANE
DEERFIELD, FL 33442

New Mailing Address:

FEI Number: 52-2390775

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CMOREY, TERRI
2842 KELLY BROOK LANE
DEERFIELD, FL 33442 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CMOREY, TERRI
Address: 2842 KELLY BROOK LANE
City-St-Zip: DEERFIELD, FL 33442

Title: V () Delete
Name: BARNES, ROBERT
Address: 7407 DOVER LANE
City-St-Zip: PARKLAND, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: TERRI CMOREY

P

04/18/2005

Electronic Signature of Signing Officer or Director

Date