

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119821

Entity Name: AMG SYSTEMS, INC.

FILED
Jul 06, 2007
Secretary of State

Current Principal Place of Business:

445 DOUGLAS AVE
SUITE 2005-21
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

445 DOUGLAS AVE
SUITE 2005-21
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

405 DOUGLAS AVE
SUITE 1605
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

405 DOUGLAS AVE
SUITE 1605
ALTAMONTE SPRINGS, FL 32714

FEI Number: 56-2302385

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRASSING, ART M
412 WILLOWBROOK LANE
LONGWOOD, FL 33779 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: GRASSING, ART M
Address: 412 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 33779

Title: STD (X) Delete
Name: GRASSING, ISABELLA
Address: 412 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 33779

Title: D (X) Delete
Name: GRASSING, BRYAN
Address: 412 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 33779

Title: D (X) Delete
Name: GRASSING, MARK
Address: 412 WILLOWBROOK LANE
City-St-Zip: LONGWOOD, FL 33779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ART GRASSING

PRES

07/06/2007

Electronic Signature of Signing Officer or Director

Date