2007 FOR PROFIT CORPORATION

FILED ANNUAL REPORT Jul 10, 2007 08:00 AM DOCUMENT # P03000033485 **Secretary of State** 1. Entity Name APPLIED MANAGEMENT SOLUTIONS, INC. Principal Place of Business Mailing Address 1121 W. OCEAN PO BOX 510209 KEY COLONY BEACH, FL 33051 KEY COLONY BEACH, FL 33051 US No Chg-P CR2E034 (11/05) 07052007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-1180556 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WOLFE, JOHN J DO NOT WRITE 2955 OVERSEAS HIGHWAY MARATHON, FL 33050 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature reculred when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607,193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10. D TITLE FARRUGIA, GAIL NAME 2955 OVERSEAS HIGHWAY STREET ADDRESS CITY-ST-ZIP MARATHON, FL 33050 D 000000767574 07/10/07-80010-002 150.00 MACENAS, FRANK NAME STREET ADDRESS 2955 OVERSEAS HIGHWAY CITY-ST-ZIP MARATHON, FL 33050 D TITLE PHILLIPS, LYNN NAME STREET ADDRESS 2955 OVERSEAS HIGHWAY DO NOT WRITE MARATHON, FL 33050 CITY-ST-ZIP IN THIS SPACE TITLE NAME. STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accelerate 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 endury 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 a dodress, with all other life empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP