2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000064279

FILED Apr 24, 2008 Secretary of State

Entity Name: AMERICAN FINANCIAL MANAGEMENT GROUP, INC.

Current Principal Place of Business:		New Principal Place of Business:		
8050 NOF 202	RTH UNIVERS	ITY DRIVE		
	D, FL 33321			
Current Mailing Address:		New Mailing Address:		
8050 N. U 202	NIVERSITY DI	R.		
	D, FL 33321			
FEI Number	: 20-0037209	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address of	of New Registered Agent:
	, THOMAS F NIVERSITY DF	RIVE		
	D, FL 33321 U	JS		
	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
in the Stat	e of Florida. RE: Electro	nic Signature of Registered Ag		d office or registered agent, or both, Date
in the Stat	e of Florida. RE: Electro	·		
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro	nic Signature of Registered Agong Trust Fund Contribution ().	ent	
n the Stat SIGNATU Election Ca OFFICER Fitle: Name: Address:	e of Florida. RE: Electro mpaign Financir S AND DIRECT P PIERSON, THO	nic Signature of Registered Agong Trust Fund Contribution (). CTORS:) Delete DMAS F ERSITY DR. #202	ent	Date
in the Stat SIGNATU Election Ca	e of Florida. RE: Electro mpaign Financir S AND DIREC P (PIERSON, THO 8050 N. UNIVE TAMARAC, FL S (PIERSON, THO	nic Signature of Registered Agr ng Trust Fund Contribution (). CTORS:) Delete DMAS F ERSITY DR. #202 33321) Delete DMAS F ERSITY DR. #202	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: THOMAS F PIERSON P 04/24/2008