

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 28, 2006
Secretary of State**

DOCUMENT# P03000095942

Entity Name: AMV SUPPLIERS INC

Current Principal Place of Business:

603 KING ST
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

603 KING ST
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: 06-1706209 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIDELA, FABIAN
1455 WINSTON LN
ORANGE PARK, FL 32003 US

Name and Address of New Registered Agent:

VIDELA, FABIAN
603 KING ST
JACKSONVILLE, FL 32204 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: FABIAN VIDELA 11/28/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HARRIS, WILLIAM
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD () Delete
Name: VIDELA, FABIAN
Address: 1455 WINSTON LN
City-St-Zip: ORANGE PARK, FL 32003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VIDELA, FABIAN
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

Title: STD (X) Change () Addition
Name: VIDELA, FABIAN
Address: 603 KING ST
City-St-Zip: JACKSONVILLE, FL 32204

I hereby certify that the information supplied with this filing does not qualify for the 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: FABIAN VIDELA P 11/28/2006

Electronic Signature of Signing Officer or Director Date