

**-2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108566

1. Entity Name

AMY OF PALMETTO BAY, INC.



Principal Place of Business

17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

Mailing Address

17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157



01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1710922

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUDOVICI, EDWARD P
17415 SOUTH DIXIE HWY
PALMETTO BAY, FL 33157

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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 required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10.

OFFICERS AND DIRECTORS

TITLE

PD

NAME

STANCZYK, SHELLEY P

STREET ADDRESS

17430 SW 97TH AVE.

CITY- ST- ZIP

PALMETTO BAY, FL 33157

TITLE

SD

NAME

LUDOVICI, EDWARD P

STREET ADDRESS

17415 S DIXIE HWY

CITY- ST- ZIP

PALMETTO BAY, FL 33157

TITLE

NAME

STREET ADDRESS

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CITY- ST- ZIP

000000410792
02/09/06-80051-011 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 accurate 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 execute 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Shelley P. Stanczyk *PCGS.* *1/26/06(305)9690690*