

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128537

FILED
Apr 28, 2006
Secretary of State

Entity Name: ALLIED MEDICAL SERVICE, INC.

Current Principal Place of Business:

10446 117TH DRIVE N
LARGO, FL 33773

New Principal Place of Business:

Current Mailing Address:

10446 117TH DRIVE N
LARGO, FL 33773

New Mailing Address:

FEI Number: 65-1212547

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMENT, JASON
10446 117TH DRIVE N
LARGO, FL 33773 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: COMENT, JASON
Address: 10446 117TH DRIVE N
City-St-Zip: LARGO, FL 33773

Title: VCOO () Delete
Name: BROCKMAN, JEFF
Address: 9337 ZAMORA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change () Addition
Name: COMENT, JASON
Address: 10446 117TH DRIVE N
City-St-Zip: LARGO, FL 33773

Title: COO (X) Change () Addition
Name: BROCKMAN, JEFF
Address: 9337 ZAMORA DRIVE
City-St-Zip: NEW PORT RICHEY, FL 34655

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: JASON COMENT

CEO

04/28/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date