2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 04, 2005 8:00 am Secretary of State

| DOCUMENT # P04000067490 1. Entity Name ANGLO AMEC, INC. | | | | | | | | | | | |
|---|--|---|--------------------------|--|------------------------|---------------------------------------|--------------------------------|--|--|--|---------------------------|
| | | | | | | SHITE! | | | | nsipet | |
| Principal Place of Business Mailing Address 1110 SOUTH RIO GRAND 1110 SOUTH RIO GRAND | | | | | | | | | | | |
| SUITE 16 | RIU GRANL | } | | 1110 SOUTH RIO GRAI Suite 16 | NU. | | | | | | |
| ORLANDO, FL 32805 US 2. Principal Place of Business | | | | ORLANDO, FL 32805 US | | | | | | | |
| | lace of Busin | | | Mailing Address 39 14 6 | ma | 40 DE | 2 | | | | (88) 88) |
| Suite, Apt. #, etc. | | | | Suite, Apt. #, etc | | | 03282005 | | | | |
| City & State Or CAyudo, EL | | | | City & State | , F | | 4. FEI Numb | -3 -9 2 | //3 | | plied For t Applicable |
| 328 | | Country | , | ^Z 37801 | Cour | ntry | _ | of Status Desired | | \$8.75 Addi | itional |
| | 6. Name | and Address of Curre | nt Regis | stered Agent | | Name | 7. Name and | Address of New F | Registered | Agent | |
| GREENE, | ELLIOT | | | | | Ivaille | | | | | |
| | KLAND F | ARK BOULEVARI FL 33311 |) | | | Street Addres | ss (P.O. Box Numb | er is Not Acceptabl | e) | | |
| _ | | | | | | | | | | 1 | |
| | | | | | | City | | | FL | Zip Code | , |
| | named entitions of regis | y submits this statemen tered agent. | t for the | purpose of changing its | register | ed office or regi | istered agent, or bo | th, in the State of FI | orida. 1 am | familiar with, | and accept |
| SIGNATURE_ | Cinest de biose | or printed name of registered ag | not sad little | of continents (NOT | E. Osnistara | ad Agan) agantura roa | quired when reinstating) | | DATE | | |
| | Signature, typed | to parted name or registered ag | on and pue | i applicacie. (NO) | c. negisia e | an where are red | toreo witch remarking/ | l | ONIL | | |
| | | FEE IS \$150.00 5 Fee will be \$55 | 0.00 | 9. Election Campa Trust Fund Con | • | · ' | \$5.00 May Be Added to Fees | | | | į |
| 10. | · · · · · · · · · · · · · · · · · · · | OFFICERS AI | ND DIRE | | 11. | | ADDITIONS | CHANGES TO OFF | ICERS AN | | |
| TITLE NAME | | | | | | .E | | | | ☐ Change | Addition |
| STREET ADDRESS | | JTH RIO GRAND, SI | JITE 16 | 3 | NAN STR | eet address | | | | | |
| City+ST-ZIP | ORLAND | O, FL 32805 | | | CITY | Y-ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | TITL | | | | | Change | Addition |
| NAME STREET ADDRESS | | | | | NAA STR | AE EET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | | Y-ST-ZIP | | | | | |
| TUTLE | | | | ☐ Delete | TITL | £ | | | | ☐ Change | Addition |
| NAME | | | | | NAA | ME SET ADDRESS | € 04.71 | :00051 :0/050104 | ###################################### | 1942 1 ************************************ | י דיר |
| STREET ADDRESS CITY-ST-ZIP | İ | | | | • | Y-ST-ZIP | 0477 | 701.020104 | F1U1. | 1 **158 |). (5 |
| TITLE | | | | ☐ Delete | TITL | LE . | | | | ☐ Change | ☐ Addition |
| NAME |] | | | | NAM | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | | KEET ADDRESS Y-ST-ZIP | | | | | |
| TITLE | | | | ☐ Delete | TITL | | | | | ☐ Change | ☐ Addition |
| NAME | | | | Doing | NAM | | | | | | |
| STREET ADDRESS | | | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | - | | | ☐ Delete | TITI | Y-ST-ZIP | | | | ☐ Change | Addition |
| NAME | 1 | | | Therete | NAM | | | | | - Outside | |
| STREET ADDRESS | | | | | | REET ADDRESS | | | | | |
| CITY-ST-ZIP | <u> </u> | ., | | re. d | | Y-ST-ZIP | - 04: - 440 07:1 | Min Devide Control | 14 | | -1 |
| 12. i hereby indicated | certify that the control of the cont | ne information supplied ort or supplemental repo the receiver or trustee e tachment with awaddre | with this ort is true | tiling does not qualify ke and accurate and that | or the exi my sign: | emption stated in ature shall have | the same legal effe | I(I), Florida Statutes ect as if made under | oath; that l | ertily that the in am an officer | or director |
| of the con changed | rporation or I, or on an at | tne receiver or trustee e tachment with ayladdre | mpowere ss, with a | ed to execute this repor all other like empowered | requ | uirea by Chapter | r ouz, Horida Statul | es; and that my har | ne appears | KI DIOCK TU OI | BIOCK IT IT |
| | | | | | 4 | | U | 2/2dlac | | | |
| SIGNAT | URE: | CICHATURE AND TYPES | AD DDINT | ED NAME OF SIGNING OFFICE | D OR DIREC | 7700 | | 1/20/5 | | Davtime Phone # | |