


FILED

Apr 30, 2007 08:00 AM  
Secretary of State**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P04000084141</b> 1. Entity Name ADVANCED MACHINING CONCEPTS, INC.	
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Principal Place of Business 420 STAN DRIVE, SUITE 3 WEST MELBOURNE, FL 32904	Mailing Address 420 STAN DRIVE, SUITE 3 WEST MELBOURNE, FL 32904
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04262007 No Chg-P CR2E034 (11/05)

4. FEI Number 20-1172063	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  BARRETT, CHRISTOPHER 2940 FLANDERS AVENUE S.E. PALM BAY, FL 32909
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**DO NOT WRITE  
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 raising fee) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$350.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BARRETT, CHRISTOPHER 2940 FLANDERS AVENUE S.E. PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROBINSON, MICHAEL 222 PAIRIE STREET S.E. PALM BAY, FL 32909
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000749019  
05/18/07-80002-018 150.00**DO NOT WRITE  
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: CS Barrett  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-07 3217282777  
Date Daytime Phone