

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000157331

FILED
Jan 12, 2009
Secretary of State

Entity Name: AMERICAN OVERSEAS MANAGEMENT AND ADMINISTRATION CORPORATION

Current Principal Place of Business:

700 11TH STREET S PH 2
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

700 11TH STREET S PH 2
NAPLES, FL 34102

New Mailing Address:

FEI Number: 56-2492454 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ABLE ADVISORY INC
700 11TH STREET S PH 2
NAPLES, FL 34102 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: P () Delete
Name: ABLE, ANTHONY
Address: 696 PARTRIDGE CT
City-St-Zip: MARCO ISLAND, FL 34145

Title: V () Delete
Name: BRANSTON, CHRIS
Address: 6618 ILEX CIRCLE
City-St-Zip: NAPLES, FL 34109

Title: S () Delete
Name: MORRISON, CANDACE
Address: 4710 15TH AVE SW
City-St-Zip: NAPLES, FL 34116

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: ANTHONY R ABLE

_____ Electronic Signature of Signing Officer or Director

MR.

01/12/2009

_____ Date