

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000009694

FILED  
May 11, 2006  
Secretary of State

**Entity Name:** AMS-A PERSONNEL MANAGEMENT SERVICE CORP

**Current Principal Place of Business:**

110 EAST BROWARD BLVD.  
1700  
FT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

633 NE 163RD ST  
SUITE 621  
N. MIAMI BEACH, FL 33162

**New Mailing Address:**

**FEI Number:** 03-0481924

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STRICKLEN, HARRIET S  
18440 NE 30TH PLACE  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

STRICKLEN, HARRIET S  
20201 E COUNTRY CLUB DR  
406  
AVENTURA, FL 33180 US

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: HARRIET STRICKLEN

05/11/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: STRICKLEN, HARRIET S  
Address: 1300 OLIVER RD. SUITE 360  
City-St-Zip: FAIRFIELD, CA 94534

Title: S ( ) Delete  
Name: STRICKLEN, HARRIET S  
Address: 1300 OLIVER RD., SUITE 360  
City-St-Zip: FAIRFIELD, CA 94534

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 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: HARRIET STRICKLEN

PRES

05/11/2006

Electronic Signature of Signing Officer or Director

Date