

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90183 043 ***150.00

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1. Entity Name

AMSTELL GROUP, INC.

Principal Place of Business

3150 EMERALD POINTE DRIVE
 #307B
 HOLLYWOOD FL 33021

Mailing Address

3150 EMERALD POINTE DRIVE
 #307B
 HOLLYWOOD FL 33021



2. Principal Place of Business

7273 W. ATLANTIC AVE

3. Mailing Address

7273 W. ATLANTIC AVE.

Suite, Apt. #, etc.

7273

Suite, Apt. #, etc.

7273

1st MOORE

CR2E034 (10/05)

City & State

DELRAY BEACH, FL.

City & State

DELRAY BEACH, FL.

4. FEI Number

59-3796706

Applied For

Not Applicable

Zip

33446

Country

USA

Zip

33446

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AMSELL, ETHAN
 3150 EMERALD POINTE DRIVE
 #307B
 HOLLYWOOD FL 33021

7. Name and Address of New Registered Agent

Name: AMSTELL, ETHAN
 Street Address (P.O. Box Number is Not Acceptable): 7273 W. ATLANTIC AVE
 City: DELRAY BEACH FL Zip Code: 33446

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: *Ethan Amstell*

ETHAN J. AMSTELL

4/13/06

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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	Delete
PSD	AMSTELL, ETHAN	3150 EMERALD POINTE DRIVE #307B	HOLLYWOOD FL 33021	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PSD	AMSTELL, ETHAN	7273 W. ATLANTIC AVE.	DELRAY BEACH, FL 33446	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Ethan Amstell* ETHAN AMSTELL 4/13/06 561-239-2958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #