
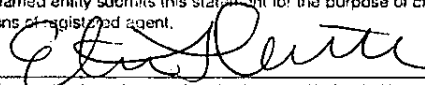
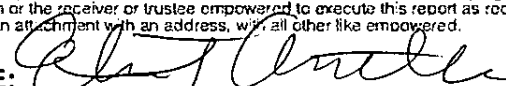


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90196 002 ***150.00

DOCUMENT # P05000024448			
1. Entity Name AMSTELL GROUP, INC.			
Principal Place of Business 7273 W ATLANTIC AVE 7273 DELRAY BEACH, FL 33446		Mailing Address 7273 W ATLANTIC AVE 7273 DELRAY BEACH, FL 33446	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address AMSTELL GROUP INC	
Suite, Apt. #, etc.		Suite, Apt. #, etc. P.O. BOX 741567	
City & State		City & State Boynton bch. FL.	
Zip	Country	Zip	Country
33474	USA	33474	USA
04292008		Chg-P CR2E034 (12/06)	
4. FEI Number 59-3796706		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
AMSELL, ETHAN 7273 W ATLANTIC AVE DELRAY BEACH, FL 33446		Name AMSTELL, ETHAN Street Address (P.O. Box Number is Not Acceptable) 1121 S. MILITARY TRAIL #1211 City BOYNTON BEACH FL Zip Code 33436	
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 		DATE 4/29/08	
SIGNATURE (Typed or printed name of registered agent and title if applicable)		(NOTE: Registered Agent signature required when reconstituting)	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD ARSTELL, ETHAN 7273 W ATLANTIC AVE DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AMSTELL, ETHAN 1121 S. MILITARY TRAIL #1211 BOYNTON Bch, FL, 33436 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE: 4/29/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Dutyme Phone # 561-373-2885	

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