


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90041 037 ***158.75

DOCUMENT # P05000032642

1. Entity Name
 AIRMONT FINANCIAL SERVICES, INC.



Principal Place of Business Mailing Address

7469 VIALE MICHELANGELO 7469 VIALE MICHELANGELO
 DELRAY BEACH, FL 33446 US DELRAY BEACH, FL 33446 US

2. Principal Place of Business 3. Mailing Address

485 NE 4TH STREET

Suite Apt #, etc Suite, Apt. #, etc.

SUITE 7

City & State City & State

DELRAY BEACH, FL

Zip Country Zip Country

33483 PALM BEACH



01102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For

20-2429640 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
|---|--|--|--|
| MORSE, WILLIAM M 7469 VIALE MICHELANGELO DELRAY BEACH, FL 33446 | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City FL Zip Code | |

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: *William M. Morse* WILLIAM M. MORSE 1/12/06

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

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

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|----------------------------|---------------------------------|---|---|
| TITLE | P | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MORSE, WILLIAM M | NAME | |
| STREET ADDRESS | 7469 VIALE MICHELANGELO | STREET ADDRESS | |
| CITY-ST-ZIP | DELRAY BEACH, FL 33446 | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| CITY-ST-ZIP | | CITY-ST-ZIP | |
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| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

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 recipient 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: *William M. Morse* 1/12/06 561-272-7424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #