

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 26, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90209 047 \*\*\*150.00

<b>DOCUMENT # P05000042918</b>						
<b>1. Entity Name</b> AMROM MOTOR CORPORATION						
<b>Principal Place of Business</b> 7406 N MAIN STREET SUITE 3 JACKSONVILLE, FL 32208			<b>Mailing Address</b> 7406 N MAIN STREET SUITE 3 JACKSONVILLE, FL 32208			
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>			
Suite, Apt. #, etc.			Suite, Apt. #, etc.			
City & State			City & State			
Zip		Country		Zip		
Country		Country		04242006    Chg-P    CR2E034 (11/05)		
<b>4. FEI Number</b> 20-2535138				Applied For Not Applicable		
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						
<b>6. Name and Address of Current Registered Agent</b>  BERRYMAN, RICHARD L 7406 N MAIN STREET SUITE 3 JACKSONVILLE, FL 32208				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
<b>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.</b>						
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable    (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD    BERRYMAN, RICHARD L <input type="checkbox"/> Delete 10821 PEACEFUL HARBOR DRIVE JACKSONVILLE, FL 32218			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD    DEN BESTE, EDWIN J <input type="checkbox"/> Delete 1019 KNOLLWOOD DRIVE BIRMINGHAM, AL 35242			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD    BERRYMAN, KEITH L <input type="checkbox"/> Delete 2011 SANDHILL CRANE DRIVE JACKSONVILLE, FL 32224			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD    DEN BESTE, CHRISTIAN E <input type="checkbox"/> Delete 512 LITRELL CIRCLE MOULTON, AL 35650			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	
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	
<b>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.</b>						
<b>SIGNATURE:</b> <u>Richard L. Berryman</u> <b>Richard L. BERRYMAN</b> 4-24-06    (904) 707-3203 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>						