2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P05000060987

Entity Name: AMPLIFIED MARKETING, INC.

Current Principal Place of Business:

538 E WASHINGTON ST
ORLANDO, FL 32801

New Principal Place of Business:

426 N FERNCREEK AVENUE
ORLANDO, FL 328035442 US

Current Mailing Address:

P.O. BOX 933
WINTER PARK, FL 32790

New Mailing Address:

426 N FERNCREEK AVENUE
ORLANDO, FL 328035442 US

FEI Number: 20-2903910 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MAXWELL, DAVID
538 E WASHINGTON ST
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MAXWELL, DAVID
426 N FERNCREEK AVENUE
ORLANDO, FL 328035442 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: DAVID MAXWELL 04/28/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: MAXWELL, DIANNE
Address: 538 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801 US

Title: VP ( ) Delete
Name: MAXWELL, DAVID
Address: 538 E WASHINGTON ST
City-St-Zip: ORLANDO, FL 32801 US

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: MAXWELL, DIANNE
Address: 426 N FERNCREEK AVENUE
City-St-Zip: ORLANDO, FL 328035442 US

Title: VP (X) Change ( ) Addition
Name: MAXWELL, DAVID
Address: 426 N FERNCREEK AVENUE
City-St-Zip: ORLANDO, FL 328035442 US

Title: D ( ) Change (X) Addition
Name: MAXWELL, DIANNE
Address: 426 N FERNCREEK AVENUE
City-St-Zip: ORLANDO, FL 328035442 US

Title: D ( ) Change (X) Addition
Name: MAXWELL, DAVID
Address: 426 N FERNCREEK AVENUE
City-St-Zip: ORLANDO, US 328035442 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MAXWELL VP 04/28/2009
Electronic Signature of Signing Officer or Director Date