
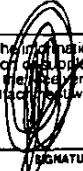


FILED  
May 18, 2007 8:00 am  
Secretary of State

04-26-2007 90213 031 \*\*\*150.00

2007 FOR PROFIT CORPORATION  
ANNUAL REPORT

4/2

<b>DOCUMENT # P05000072233</b>			
1. Entity Name <b>AMEGA SCIENCES, INC.</b>			
Principal Place of Business <b>3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741 US</b>		Mailing Address <b>3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
04192007		Chg-P CR2E034 (12/06)	
4. FEI Number <b>APPLIED FOR 71-0982875</b>		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	
<b>BOWEY, KENNETH G 3954 MERLIN DRIVE SUITE #2 KISSIMMEE, FL 34741</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		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	<b>P BOWEY, KENNETH G 796 OAK SHADOWS ROAD CELEBRATION, FL 34747</b> <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	<b>VP BOWEY, JULIE I 796 OAK SHADOWS ROAD CELEBRATION, FL 34747</b> <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 and 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 shareholder 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 attached list with an address, with all other like empowered.			
SIGNATURE:  <b>Kenneth G Bowey</b>		Date: <b>4/20/07</b> Daytime Phone: <b>407-944-0453</b>	

ATTACHMENT

66015477



Amega Sciences Inc.

Suite 2

3954 Merlin Drive

Kissimmee

FL 34741

phone: 407 944 0453

fax: 407 931 0553

salesusa@amega-sciences.com

www.amega-sciences.com

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, FL 32302-1500

May 14, 2007

To Whom It May Concern:

In response to reference number P05000072233, please see the revised form with our FEI number.

Please contact me with any other questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Kim Sheets", written in a cursive style.

Kim Sheets  
Office Manager