

2006 FOR PROFIT CORPORATION ANNUAL REPORT

5/1

FILED
Jun 14, 2006 8:00 am
Secretary of State

05-02-2006 90177 020 ***150.00

DOCUMENT # P05000090560	
1. Entity Name A & M TALENT MANAGEMENT, INC.	

Principal Place of Business 2340 ANNA DRIVE CLEARWATER, FL 34625	Mailing Address 2340 ANNA DRIVE CLEARWATER, FL 34625
--	--

66018937



2. Principal Place of Business 5448 Stag Thicket Ln	3. Mailing Address 5448 Stag Thicket Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03282006 Chg-P CR2E034 (11/05)

City & State Palm Harbor, FL	City & State Palm Harbor, FL
Zip 34685	Zip 34685
Country	Country

4. FEI Number EIN 20-3057021	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
MONROE, MICHAEL 2340 ANNA DRIVE CLEARWATER, FL 34625	

7. Name and Address of New Registered Agent	
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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
---	--	------------------------------------

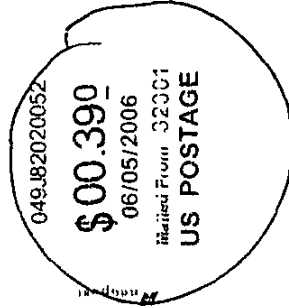
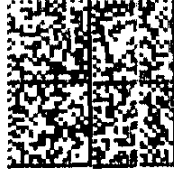
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:		
TITLE	PSD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MONROE, MICHAEL		NAME		
STREET ADDRESS	2340 ANNA DRIVE		STREET ADDRESS	5448 Stag Thicket Lane	
CITY, ST, ZIP	CLEARWATER, FL 34625		CITY, ST, ZIP	Palm Harbor, FL 34685-2524	
TITLE	VD	☐ Delete	TITLE	☒ Change ☐ Addition	
NAME	MONROE, MICHELLE		NAME		
STREET ADDRESS	2340 ANNA DRIVE		STREET ADDRESS	5448 Stag Thicket Lane	
CITY, ST, ZIP	CLEARWATER, FL 34625		CITY, ST, ZIP	Palm Harbor, FL 34685-2524	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY, ST, ZIP			CITY, ST, ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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 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: Michael E. Monroe **MICHAEL E. MONROE** 6/12/06



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
Corporate Records
P.O. Box 6327
Tallahassee, Florida 32314



ATTACHMENT 66018937

#405 000090560

34685+2524-48 R019