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Jun 14, 2006 8:00 am
Secretary of State
05-02-2006 90177 020 ***150.00

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03282006 Chg-P CR2E034 (11/05)

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000090560

1. Entity Name
A & M TALENT MANAGEMENT, INC.

Principal Place of Business	Mailing Address
2340 ANNA DRIVE CLEARWATER, FL 34625	2340 ANNA DRIVE CLEARWATER, FL 34625
2. Principal Place of Business: 5448 Stag ThicKet Ln Suite, Apt #, etc	3. Mailing Address: 5448 Stag ThicKet Ln Suite, Apt #, etc
City & State: Palm Harbor, FL Zip: 34685 Country	City & State: Palm Harbor, FL Zip: 34685 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	7. Name and Address of New Registered Agent
MONROE, MICHAEL 2340 ANNA DRIVE CLEARWATER, FL 34625	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 ____________________
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 10
TITLE NAME STREET ADDRESS CITY ST ZIP	PSD MONROE, MICHAEL 2340 ANNA DRIVE CLEARWATER, FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☑ Change ☐ Addition 5448 Stag ThicKet Lane Palm Harbor, FL 34685-2524
TITLE NAME STREET ADDRESS CITY ST ZIP	VD MONROE, MICHELLE 2340 ANNA DRIVE CLEARWATER, FL 34625	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☑ Change ☐ Addition 5448 Stag ThicKet Lane Palm Harbor, FL 34685-2524
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

049J82020052
$00.390
06/05/2006
Mailed From 32301
US POSTAGE

34685+2524-48 R019

ATTACHMENT 660937
#205 000905760