


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2008 08:00 A
Secretary of State

DOCUMENT # P05000115377 1. Entity Name AFMC, INC.	
---	---

Principal Place of Business 1655 PALM BEACH LAKES BOULEVARD SUITE C810 WEST PALM BEACH, FL 33401	Mailing Address 1 AEC PARKWAY LEGAL DEPT. RICHMOND HEIGHTS, OH 44143
--	--



04072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 34-2058435	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
--

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000905325 05/01/08 00049 001 150.00
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FRIEDMAN, JEFFREY I 1 AEC PAEKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHANNON, JOHN T 1 AEC PAEKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HORENBURGER, LESLIE 1655 PALM BCH LAKES BLVD #C-810 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FISHMAN, MARTIN A 1 AEC PAEKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FATICA, LOU 1 AEC PAEKWAY RICHMOND HEIGHTS, OH 44143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **04/09/08** 216/797-8780
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Martin A. Fishman, Vice President