2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2008 8:00 am
Secretary of State
04-18-2008 90020 034 ***150.00

DOCUMENT # P05000150870

1. Entity Name
ADVANCED MANAGEMENT TECHNOLOGIES OF CLEARWATER, INC.

Principal Place of Business	Mailing Address
1664 PALMWOOD DRIVE CLEARWATER, FL 33756	1664 PALMWOOD DRIVE CLEARWATER, FL 33756

04142008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Same as above		Same as above	
Suite, Apt. #, etc. "		Suite, Apt. #, etc. "	
City & State "		City & State "	
Zip	Country	Zip	Country

4. FEI Number 20-3782430 ☐ 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
FLETCHER, ROBERT % FLETCHER & PLICH, LLP 1221 ROGERS ST., SUITE B CLEARWATER, FL 33756	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 ____________________ DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 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	P DIMARTINO, FRANK 1664 PALMWOOD DR CLEARWATER, FL 33756	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	V DIMARTINO, PATRICE 4350 W. CYPRESS STREET, SUITE 102 TAMPA, FL 33607	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	✓ DiMartino, Patrice 1664 Palmwood Dr Clearwater, FL 33756	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP		☐ Change ☐ Addition
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: Patrice Di Martino Patrice DiMartino 4/15/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #