2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2009
Secretary of State

DOCUMENT# P05000164832

Entity Name: AMAX INVESTMENTS, INC.

Current Principal Place of Business:

124 WISTERIA DR
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

124 WISTERIA DR.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-3837893 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALLEN, PHILIP M
WISTERIA DR
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

ALLEN, LESLIE
124 WISTERIA DR
LONGWOOD, FL 32779 US

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.

SIGNATURE: LESLIE ALLEN 05/04/2009
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P (X) Delete
Name: ALLEN, PHILIP M
Address: 124 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779

Title: VP ( ) Delete
Name: LOUIMA, SEBASTIEN
Address: 1820 S. HWY 1792
City-St-Zip: LONGWOOD, FL 32750

Title: VPOD ( ) Delete
Name: GOODMAN-ALLEN, LESLIE
Address: 124 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change ( ) Addition
Name: GOODMAN-ALLEN, LESLIE
Address: 124 WISTERIA DR
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Change (X) Addition
Name: CONNER CAPITAL INVESTMENTS, INC
Address: 505 MATILDA LANE
City-St-Zip: LONGWOOD, FL 32750

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE ALLEN P/D 05/04/2009
Electronic Signature of Signing Officer or Director Date