

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000032272

Entity Name: AMD, INC.

FILED  
Apr 27, 2007  
Secretary of State

## Current Principal Place of Business:

340 WILSHIRE BLVD  
CASSELBERRY, FL 32707

## New Principal Place of Business:

1555 SEMORAN BOULEVARD  
1191  
WINTER PARK, FL 32792

## Current Mailing Address:

340 WILSHIRE BLVD  
CASSELBERRY, FL 32707

## New Mailing Address:

1101 SANTA CRUZ WAY  
WINTER SPRINGS, FL 32708

FEI Number: 51-0568812

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

THOMPSON, ARACELIS J  
1101 SANTA CRUZ WAY  
WINTER SPRINGS, FL 32708 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: THOMPSON, MARK W  
Address: 1101 SANTA CRUZ WAY  
City-St-Zip: WINTER SPRINGS, FL 32708

Title: VP ( ) Delete  
Name: THOMPSON, ARACELIS J  
Address: 1101 SANTA CRUZ WAY  
City-St-Zip: WINTER SPRINGS, FL 32707

Title: D ( ) Delete  
Name: CARPIO, DANIEL J  
Address: 1101 SANTA CRUZ WAY  
City-St-Zip: WINTER SPRINGS, FL 32707

Title: D ( ) Delete  
Name: THOMPSON, RICHARD  
Address: 1101 SANTA CRUZ WAY  
City-St-Zip: WINTER SPRINGS, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: ARACELIS J. THOMPSON

VP

04/27/2007

Electronic Signature of Signing Officer or Director

Date