2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000077750

Entity Name: AMSYS. INC

FILED Jan 15, 2007 Secretary of State

Littly Nai	Me. AIVISTS, INC.	
Current P	rincipal Place of Business:	New Principal Place of Business:
	IDON BLVD. PH2 AYNE, FL 33149	765 CRANDON BLVD. PH-2 KEY BISCAYNE, FL 33149
Current M	lailing Address:	New Mailing Address:
	IDON BLVD. PH2 AYNE, FL 33149	765 CRANDON BLVD. PH-2 KEY BISCAYNE, FL 33149
FEI Number:	: FEI Number Applied For (FEI Number Not Applicable (X) Certificate of Status Desired ()
Name and	Address of Current Registered Agen	: Name and Address of New Registered Agent:
765 CRAN KEY BISC The above	AS, DIANA IDON BLVD. PH2 AYNE, FL 33149 US Inamed entity submits this statement for e of Florida.	the purpose of changing its registered office or registered agent, or both,
SIGNATUF		
	Electronic Signature of Registered	Agent Date
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: Name: Address: City-St-Zip:	P () Delete CARDENAS, DIANA 765 CRANDON BLVD. PH2 KEY BISCAYNE, FL 33149	Title: () Change () Addition Name: Address: City-St-Zip:
Title: Name: Address: City-St-Zip:	ST () Delete CARDENAS, DIANA 765 CRANDON BLVD. PH2 KEY BISCAYNE, FL 33149	Title: ST (X) Change () Addition Name: CARDENAS, DANIEL Address: 765 CRANDON BLVD. PH2 City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANA CARDENAS P 01/15/2007