

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 18, 2007 8:00 am
Secretary of State

07-18-2007 90047 001 ***158.75

DOCUMENT # P06000092411

1. Entity Name
APPLIED MAPPING SOLUTIONS, INC.



Principal Place of Business
**10143 FOAL RD
LAKE WORTH, FL 33467**

Mailing Address
**10143 FOAL RD
LAKE WORTH, FL 33467**

40125900



2. Principal Place of Business - No P.O. Box #

10143 Foal Road

3. Mailing Address

10143 Foal Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07032007

Chg-P

CR2E034 (12/06)

City & State

Lake Worth, Florida

City & State

Lake Worth, Florida

4. FEI Number

20-5248005

Applied For

Not Applicable

Zip

33449

Country

USA

Zip

33449

Country

USA

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FRIEDMAN, MARC
8634 NW 59TH PL
PARKLAND, FL 33067**

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **ZWEIG, CHRISTINA**
STREET ADDRESS **10143 FOAL RD**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete
NAME **ZWEIG, ADAM**
STREET ADDRESS **10143 FOAL RD**
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete
NAME **HUMMEL, MARK**
STREET ADDRESS **127 WESTLAND DR**
CITY-ST-ZIP **PITTSBURGH, PA 15217**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Christina zweig**
STREET ADDRESS **10143 Foal Road**
CITY-ST-ZIP **lake worth, Florida 33449**

TITLE **Vice-President** ☒ Change ☐ Addition
NAME **Adam zweig**
STREET ADDRESS **10143 Foal Road**
CITY-ST-ZIP **lake worth, FL 33449**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/17/07

**561
514-8188**