

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000107945

Entity Name: AM ASSIST INC.

FILED  
Apr 24, 2008  
Secretary of State

## Current Principal Place of Business:

1809 LLEWELLYN DR.  
FT. MYERS, FL 33901

## New Principal Place of Business:

940 AQUA LANE  
FT. MYERS, FL 33919

## Current Mailing Address:

1809 LLEWELLYN DR.  
FT. MYERS, FL 33901

## New Mailing Address:

P.O. BOX 1925  
FT. MYERS, FL 339021925

FEI Number: 20-5399650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

FLORIDA INCORPORATORS, INC.  
8875 HIDDEN RIVER PARKWAY, STE. 300  
TAMPA, FL 336372087 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: D ( ) Delete  
Name: MELOTTE, APRIL M.  
Address: 1809 LLEWELLYN DR.  
City-St-Zip: FT. MYERS, FL 33901

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MELOTTE, APRIL M.  
Address: 940 AQUA LANE  
City-St-Zip: FT. MYERS, FL 33919

Title: O ( ) Change (X) Addition  
Name: MELOTTE, MITCH A.  
Address: 940 AQUA LANE  
City-St-Zip: FT. MYERS, FL 33919

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: APRIL M. MELOTTE

D

04/24/2008

Electronic Signature of Signing Officer or Director

Date