

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90038 031 ***150.00

DOCUMENT # P06000139299 1. Entity Name AMULET INVESTORS I, INC.			
Principal Place of Business 4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32216		Mailing Address 4905 BELFORT ROAD SUITE 110 JACKSONVILLE, FL 32216	
2. Principal Place of Business - No P.O. Box # 11512 Lake Mead Ave., Bldg. 100 Suite, Apt. #, etc. Jacksonville, FL City & State 32256 USA Zip Country		3. Mailing Address 11512 Lake Mead Ave., Bldg. 100 Suite, Apt. #, etc. Jacksonville, FL City & State 32256 USA Zip Country	
4. FEI Number 16-1777005		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATE CREATIONS NETWORK INC. 11380 PROSPERITY FARMS ROAD #221E PALM BEACH GARDENS, FL 33410		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSSITER, ALAN 4905 BELFORT ROAD JACKSONVILLE, FL 32216	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Alan Rossiter 11512 Lake Mead Ave., Bldg. 100 Jacksonville, FL 32256
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAIN, MICHAEL 1802 SOUTH CHURCHILL DRIVE WILMINGTON, NC 28403	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 3/4/08 Daytime Phone # 904-861-2400	