2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2009
Secretary of State

DOCUMENT# P08000019984

Entity Name: A & M BUSINESS ADVISORS, INC.

Current Principal Place of Business:

613 SW BILTMORE ST., SUITE 101
PORT ST. LUCIE, FL 349831854 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 880534
PORT ST LUCIE, FL 349880534

New Mailing Address:

FEI Number: 26-2255779 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WALKER, ALEX J
5720 NW CULLOM CT
PORT ST. LUCIE, FL 34986 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: DIR ( ) Delete
Name: WALKER, ALEX J
Address: 613 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

Title: DIR ( ) Delete
Name: CLARKE, FABIAN M
Address: 613 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

Title: DIR ( ) Delete
Name: WALKER, MAXINE M
Address: 613 SW MILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

Title: DIR (X) Delete
Name: CLARKE, MELANIE L
Address: 613 SW BILTMORE STREET
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition
Name: WALKER, DAVID A
Address: 613 SW BILTMORE STREET, SUITE 101
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

Title: DIR (X) Change ( ) Addition
Name: CLARKE, FABIAN M
Address: 613 SW BILTMORE STREET, SUITE 102
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

Title: DIR (X) Change ( ) Addition
Name: WALKER, ALEX J
Address: 613 SW MILTMORE STREET, SUITE 103
City-St-Zip: PORT ST. LUCIE, FL 349831854 US

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: ALEX WALKER DIR 03/22/2009

Electronic Signature of Signing Officer or Director Date