2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # P93000085985

1. Entity Name

AMS INC.

Principal Place of Business	Mailing Address
941 S.W. 8TH STREET POMPANO BEACH FL 33069 US	941 S.W. 8TH STREET POMPANO BEACH FL 33069 US

1st MOORE   CR2E034 (10/05)

2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	4. FEI Number **65-0455958** — Applied Fc / Not Applic.
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MURRAY, JOHN E 941 SW 8 ST. POMPANO BEACH FL 33069	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 acce 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
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **$5.00** May ·
Trust Fund Contribution. ☐ Added to Fees

10. OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE: DPS NAME: MURRAY, JOHN E. STREET ADDRESS: 941 S.W. 8TH STREET CITY-ST-ZIP: POMPANO BEACH FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000D0417114 02/13/06-80041-010 150.00 ☐ Change ☐ Add
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 1 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ John E. Murray, President, 2-1-06, 954-782-3615