


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000022591</b>	
1. Entity Name <b>AMERIMOVE, INC.</b>	

Principal Place of Business <b>145 FOUR POINTS WAY TALLAHASSEE, FL 32305</b>	Mailing Address <b>145 FOUR POINTS WAY TALLAHASSEE, FL 32305</b>
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**DO NOT WRITE IN THIS SPACE**



01092008 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3232981</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TREVATHAN, JESSE 145 FOUR POINTS WAY TALLAHASSEE, FL 32305</b>
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**DO NOT WRITE IN THIS SPACE**

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.

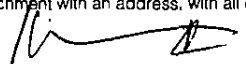
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE
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FEE: NOW \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing <input type="checkbox"/> Trust Fund Contribution	\$5100 May Be Added to Fees	1000000830026 02/28/08-80066-024 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TREVATHAN, JESSE 145 FOUR POINTS WAY TALLAHASSEE, FL 32305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTD TREVATHAN, BEN 611 BRIGHTWATERS BLVD ST PETERSBURG, FL 33704
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: 	<b>JESSE TREVATHAN, PRB</b>	1/9/08	850 656 7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #