

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000051357

FILED  
Apr 27, 2007  
Secretary of State

**Entity Name:** AMERICAN MARKETING MANAGEMENT MOTIVATION SERVICES, INC.

**Current Principal Place of Business:**

410 S WARE BLVD  
619 C  
TAMPA, FL 33619

**New Principal Place of Business:**

9280 BAY PLAZA BLVD.  
706  
TAMPA, FL 33619

**Current Mailing Address:**

12824 TALLOWOOD DR  
RIVERVIEW, FL 33569

**New Mailing Address:**

9280 BAY PLAZA BLVD.  
706  
TAMPA, FL 33619

**FEI Number:** 65-0514540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KAZOR, CHRISTOPHER P.  
12824 TALLOWOOD DR.  
RIVER VIEW, FL 33569 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: PSD ( ) Delete  
Name: KAZOR, CHRISTOPHER P  
Address: 12824 TALLOWOOD DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: TD ( ) Delete  
Name: KAZOR, CHRISTINE  
Address: 12824 TALLOWOOD DR.  
City-St-Zip: RIVERVIEW, FL 33569

Title: D ( ) Delete  
Name: KAZOR, LANCE M  
Address: 2396 BROWING DRIVE  
City-St-Zip: LAKE ORION, MI 48360

Title: D ( ) Delete  
Name: KAZOR, KYLE R  
Address: 2396 BROWING DRIVE  
City-St-Zip: LAKE ORION, MI 48360

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: CP KAZOR

PSD

04/27/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date