

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

4/1

04-17-2007 90247 025 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P94000053466</b> 1. Entity Name AM HOLDING, INC.			
Principal Place of Business 204 SOUTH PARK CIRCLE EAST ST. AUGUSTINE, FL 32086		Mailing Address 204 SOUTH PARK CIRCLE EAST ST. AUGUSTINE, FL 32086	
<b>DO NOT WRITE IN THIS SPACE</b>			
6. Name and Address of Current Registered Agent  MALIK, AMIR A MD 204 SOUTH PARK CIRCLE EAST ST. AUGUSTINE, FL 32086		<b>DO NOT WRITE IN THIS SPACE</b>	
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: <u>[Signature]</u> DATE: <u>4-6-07</u> <small>Signature (except for printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP		S ABRAHAM, ALAN R 2646 REGENCY DR EAST TUCKER, GA	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		P MALIK, AMIR A 3284 TURTLE CREEK ST. AUGUSTINE, FL	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			
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: <u>[Signature]</u> <u>AMIR MALIK</u> DATE: <u>4-30-07</u> <u>924</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>David's Phone #</small> <u>(829) 8300</u>			

66012856



01092007 No Chg-P CR2E034 (11/05)

4. FEI Number  
32-6400089

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**