

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P94000068380

1. Entity Name
AMY EDIT, INC.



Principal Place of Business

4866 S MARBELLA RD
WEST PALM BEACH, FL 33417

Mailing Address

4866 S MARBELLA RD
WEST PALM BEACH, FL 33417

DO NOT WRITE IN THIS SPACE

01052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0523494	Applied For Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MERSKY, AMY B
4866 S MARBELLA RD
WEST PALM BEACH, FL 33417

**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

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, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME MERSKY, AMY B
STREET ADDRESS 4866 S MARBELLA RD
CITY-ST-ZIP WEST PALM BEACH, FL 33417

100-10000000000000000000
02/15/05-80015-002 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Amy B. Mersky Amy B. mersky

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05 561-478-8597

Date

Daytime Phone #

FILED

**Feb 16, 2005 08:00 AM
Secretary of State**