## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 22, 2007 08:00 A DOCUMENT # P94000068380 **Secretary of State** 1. Entity Name AMY EDIT, INC. Principal Place of Business Mailing Address 4866 S MARBELLA RD 4866 S MARBELLA RD WEST PALM BEACH, FL 33417 WEST PALM BEACH, FL 33417 No Chg-P CR2E034 (11/05) 01182007 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0523494 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MERSKY, AMY B DO NOT WRITE 4866 S MARBELLA RD WEST PALM BEACH, FL 33417 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 applicab (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWI!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE MERSKY, AMY B NAME 4866 S MARBELLA RD STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33417 TITLE NAME 000000675363 03/30/07-80017-002 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE

FILED

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.

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE: AMERICAND TYPED OR PRINTED MANE OF BLOWNS OFFICER OR DIRECTOR DIES DATE DATE OF SUIT-478-8597