## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

## **Secretary of State** 02-27-2006 90081 001 \*\*\*150.00 **DOCUMENT # P95000000258** 1. Entity Name AMERICAN SALES TECHNOLOGY, INC. Principal Place of Business 3353 GIRANI PARK WAY Gran Parkway 3353 GIRAN PARK WAY Gran Parkway STUART, FL 34997 STUART, FL 34997 01052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0554828 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIFERRI, MICHAEL F DO NOT WRITE 3353 OHRAN PARK WAY Gran Parkway STUART, FL 34997 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) OATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE CIFERRI, MICHAEL F NAME STREET ADDRESS 3353 SE GRAN PKWY STUART, FL 34997 CiTY-ST-ZIP TITLE NAME 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 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITE F NAME STREET ADDRESS CITY-ST-7IP 12. I hereby certify that the information supplied with his 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 exports 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 trusted exports red 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 attachme Per like empowered.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED** Feb 27, 2006 8:00 am