

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000036063

Entity Name: AMS CONSULTING, INC.

FILED  
Jun 26, 2009  
Secretary of State

## Current Principal Place of Business:

5115 MARK DR  
BOYNTON BEACH, FL 33437

## New Principal Place of Business:

5115 MARK DR  
BOYNTON BEACH, FL 33472-113 US

## Current Mailing Address:

5115 MARK DR  
BOYNTON BEACH, FL 33437

## New Mailing Address:

5115 MARK DR  
BOYNTON BEACH, FL 334371134

FEI Number: 65-0584334

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JONES, ARIAN T  
5115 MARK DR  
BOYNTON BEACH, FL 33437 US

## Name and Address of New Registered Agent:

JONES, ARIAN T  
5115 MARK DR  
BOYNTON BEACH, FL 334721134 US

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: ARIAN T. JONES

06/26/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete  
Name: JONES, ARIAN T  
Address: 5115 MARK DR  
City-St-Zip: BOYNTON BEACH, FL 33437

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition  
Name: JONES, ARIAN T  
Address: 5115 MARK DR  
City-St-Zip: BOYNTON BEACH, FL 33472 US

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: ARIAN T. JONES

PRES

06/26/2009

Electronic Signature of Signing Officer or Director

Date