

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90197 027 ***158.75

DOCUMENT # P95000083334					
1. Entity Name AMWELL CORPORATION, INC.					
Principal Place of Business 4720 EMERALD FOREST WAY STE 2106 ORLANDO, FL 32811 US			Mailing Address P.O. BOX 1044 WINDERMERE, FL 34786-1044 US		
2. Principal Place of Business - No P.O. Box # 7715 S. KIRKMAN RD		3. Mailing Address P.O. Box 1044			
Suite, Apt. #, etc. STE. 106		Suite, Apt. #, etc.			
City & State ORLANDO FL		City & State WINDERMERE FL		4. FEI Number 59-3341552	
Zip 32811		Country ORANGE		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
Zip 34786		Country ORANGE		04142007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent WHITTAKER, BRIDGE 4720 EMERALD FOREST WAY SUITE 2106 ORLANDO, FL 32811			7. Name and Address of New Registered Agent Name W. Lloyd BRIDGE Street Address (P.O. Box Number is Not Acceptable) 7715 S. KIRKMAN RD STE 106 City ORLANDO FL 32811		
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: 4.14.07 Signature, typed, and printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES BRIDGE, WHITTAKER L ☒ Delete 4720 EMERALD FOREST WAY APT., 2106 ORLANDO, FL 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES ☒ Change ☐ Addition W. LLOYD BRIDGE 7715 S. KIRKMAN RD STE 106 ORLANDO FL 32811				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
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: 4.14.07 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					