
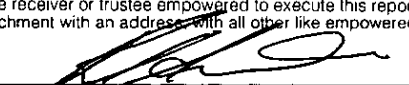


**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P96000030002 1. Entity Name AMG USA, INC.				DEPARTMENT OF STATE 	
Principal Place of Business 2909 CARRIER AVE SANFORD, FL 32773 US			Mailing Address 2909 CARRIER AVE SANFORD, FL 32773 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPDIRECT AGENTS 515 E. PARK AVE. TALLAHASSEE, FL 32301				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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: _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD HARREITER, RICHARD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	AIRLINE MANAGEMENT HOLDINGS LTD.		NAME		
STREET ADDRESS	HORLEY, SURREY U.K.,		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOWE, CHRISTINA I		NAME		
STREET ADDRESS	7000 SW 113TH TERRACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33156		CITY-ST-ZIP		
TITLE	STD <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROADLEY, GERALDINE B		NAME		
STREET ADDRESS	116 LUMLEY ROAD		STREET ADDRESS		
CITY-ST-ZIP	HORLEY, SURREY U.K.,		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D SELBY, DAVID J	
STREET ADDRESS			STREET ADDRESS	AIRLINE MANAGEMENT HOLDINGS LTD	
CITY-ST-ZIP			CITY-ST-ZIP	HORLEY, SURREY, UK	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	STD MUNT, ADRIAN P	
STREET ADDRESS			STREET ADDRESS	AIRLINE MANAGEMENT HOLDINGS LTD	
CITY-ST-ZIP			CITY-ST-ZIP	HORLEY, SURREY UK	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  R. HARREITER 04/18/2007 +44 1293 814320 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

40078279



04192007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3117860
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

FL