2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000040770

Entity Name: AMWEST GROUP, INC

4 CLIFF AVENUE

WINTHROP, MA 02152

Address:

City-St-Zip:

FILED Feb 17, 2005 Secretary of State

| y | 7,1010000 | 1 31(33), 11(3. | | | |
|--|--|----------------------------------|---|---|--|
| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
| 713 PINESIDE LANE NAPLES, FL 34108 US | | | 1862 IVORY CANE PO NAPLES, FL 34119 | 1862 IVORY CANE POINTE NAPLES, FL 34119 US | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| P.O. BOX NAPLES, I | 110310 FL 341080106 | 5 | | | |
| FEI Number | : 65-0664956 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and Address of Current Registered Agent: | | | Name and Address | Name and Address of New Registered Agent: | |
| MID-CONTINENTAL SECURITIES CORP. 713 PINESIDE LANE NAPLES, FL 34108 US | | | | MID-CONTINENTAL SECURITIES CORP. 1862 IVORY CANE POINTE NAPLES, FL 34119 US | |
| | named entity e of Florida. | submits this statement for the p | ourpose of changing its registere | ed office or registered agent, or both, | |
| SIGNATURE: | | | | 02/17/2005 | |
| | Electro | nic Signature of Registered Age | ent | Date | |
| Election Car | mpaign Financir | g Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANG | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
| Title: Name: Address: City-St-Zip: | D (POLLAND, MII 195 TENTH AV NEW YORK, N | Œ | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | S (PALMIERI, JEI 3316 BURKS I AUSTIN, TX 7 | ANE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | EVP (POPE, DOMIN 195 TENTH AV NEW YORK, N | 'ENUE | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | D (PIOPPI, FRAN |) Delete K | Title: Name: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: FRANK PIOPPI DIR 02/17/2005