2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007
Secretary of State

DOCUMENT# P96000069450

Entity Name: ADVANCED METALWORKING TECHNOLOGY, INC.

Current Principal Place of Business:

19299 VINTAGE TRACE CIR
FT MYERS, FL 33912

New Principal Place of Business:

19299 VINTAGE TRACE CIR
FT MYERS, FL 33967

Current Mailing Address:

19299 VINTAGE TRACE CIR
FT MYERS, FL 33912

New Mailing Address:

19299 VINTAGE TRACE CIR
FT MYERS, FL 33967

FEI Number: 25-1554042 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASHIONE, CATHERINE J
19299 VINTAGE TRACE CIR
FT MYERS, FL 33912 US

Name and Address of New Registered Agent:

MASHIONE, CATHERINE J
19299 VINTAGE TRACE CIR
FT MYERS, FL 33967 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: CATHERINE J. MASHIONE 04/12/2007
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MASHIONE, JOSEPH F
Address: 19299 VINTAGE TRACE CIR
City-St-Zip: FT MYERS, FL 33912

Title: D ( ) Delete
Name: MASHIONE, CATHERINE J
Address: 19299 VINTAGE TRACE CIR
City-St-Zip: FT MYERS, FL 33912

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MASHIONE, JOSEPH F
Address: 19299 VINTAGE TRACE CIR
City-St-Zip: FT MYERS, FL 33967

Title: D (X) Change ( ) Addition
Name: MASHIONE, CATHERINE J
Address: 19299 VINTAGE TRACE CIR
City-St-Zip: FT MYERS, FL 33967

I hereby certify that the information supplied with this filing does not qualify for the 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: JOSEPH F. MASHIONE PRES 04/12/2007
Electronic Signature of Signing Officer or Director Date