

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000094642

Entity Name: AMELIAPLEX, INC.

FILED
Jan 31, 2007
Secretary of State

Current Principal Place of Business:

1103 EAST AMELIA STREET
ORLANDO, FL 32803

New Principal Place of Business:

Current Mailing Address:

1103 EAST AMELIA STREET
ORLANDO, FL 32803

New Mailing Address:

FEI Number: 59-3411044

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TORRICO, RAFAEL JR
1103 EAST AMELIA STREET
ORLANDO, FL 32803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: STD () Delete
Name: TORRICO, RAFAEL JR
Address: 1103 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

Title: PD () Delete
Name: TORRICO, SUSAN
Address: 1103 EAST AMELIA STREET
City-St-Zip: ORLANDO, FL 32803

Title: VD () Delete
Name: BRUNNER, PATRICK
Address: 26270 MONDON HILL RD
City-St-Zip: BROOKSVILLE, FL 34601

Title: VD () Delete
Name: GOODRICH, DAVID B
Address: 565 FIFTH AVE SE
City-St-Zip: LARGO, FL 33771

Title: VD () Delete
Name: BULLOCK, WILBUR
Address: 9211 N CHELSEA DR
City-St-Zip: PLANTATION, FL 33324

Title: CD () Delete
Name: SILVERBERG, MARK B
Address: 607 S SWEETWATER COVE BLVD
City-St-Zip: LONGWOOD, FL 327793340

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SUSAN TORRICO

PD

01/31/2007

Electronic Signature of Signing Officer or Director

Date