


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90013 038 ***150.00

DOCUMENT # P97000002596

1. Entity Name
AMYOTTE SPECIALTIES, INC.



Principal Place of Business: 1515 E SILVER SPRINGS BLVD, #135 OCALA, FL 34470

Mailing Address: 1515 E SILVER SPRINGS BLVD, #135 OCALA, FL 34470


2. Principal Place of Business: 5984 NE 63rd St
 Suite, Apt. #, etc.

3. Mailing Address: 5984 NE 63rd St
 Suite, Apt. #, etc.

City & State: Silver Springs, FL
 Zip: 34488 Country: USA

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40011000



01132006 Chg-P CR2E034 (11/05)

4. FEI Number: 59-3420030 Applied For: Not Applicable

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

6. Name and Address of Current Registered Agent: AMYOTTE, DEBORAH, 5984 NE 63RD STREET, SILVER SPRINGS, FL 34488

7. Name and Address of New Registered Agent: Name, Street Address (P.O. Box Number is Not Acceptable), City, State (FL), Zip Code

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: _____ DATE: _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: PVST NAME: AMYOTTE, DEBORAH STREET ADDRESS: 5984 NE 63RD ST CITY-ST-ZIP: SILVER SPRINGS, FL 34488	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Deborah P. Amyotte DATE: 2/22/06 DAYTIME PHONE #: (352) 236-2168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah P. Amyotte, President