2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 10, 2006 08:00 AM Secretary of State **DOCUMENT # P97000007547** 1. Entity Name AML CORP. Principal Place of Business Maling Address 1806 GUNN HIGHWAY 1806 GUNN HIGHWAY ODESSA, FL 33556 ODESSA, FL 33556 04042006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 65-0726006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CAVE, MICHAEL A DO NOT WRITE 1806 GUNN HIGHWAY ODESSA, FL 33556 IN THIS SPACE 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, typed or printed name of registered agent and little if epplicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PSTD TITLE CAVE, MICHAEL A NAME STREET ADDRESS 1806 GUNN HIGHWAY 0000000501478 CITY-ST-ZIP ODESSA, FL 33556 J4/25/06 80064-014 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CDY-ST-7IP IN THIS SPACE TITCE NAME STREET ADDRESS City-ST-ZiP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this roport or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation of 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:

TITLE NAME STREET ACCRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR FRINTED NAME OF SIGNING OFFICER OR DIRECTO

CATE 4/5/06

FILED