



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90005 031 ***550.00

DOCUMENT # P97000012078 1. Entity Name ADVANCED MEDIA GROUP, INC.					
Principal Place of Business 3014 PLANTATION WAY WINTER HAVEN, FL 33884 US			Mailing Address 3014 PLANTATION WAY 125 WINTER HAVEN, FL 33884 US		
2. Principal Place of Business 3558 Wembley Way Suite, Apt. #, etc. #103		3. Mailing Address 3558 Wembley Way Suite, Apt. #, etc. #103			
City & State Palm Harbor, FL		City & State Palm Harbor, FL		4. FEI Number 59-3433251	
Zip 34685		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BOVE, KENT S 3014 PLANTATION WAY WINTER HAVEN, FL 33884				7. Name and Address of New Registered Agent Name Bove, Kent S Street Address (P.O. Box Number is Not Acceptable) 3558 Wembley Way # 103 City Palm Harbor FL Zip Code 34685	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOVE, KENT S 3014 PLANTATION WAY WINTER HAVEN, FL 33884		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Bove, Kent S 3558 Wembley Way #103 Palm Harbor, FL. 34685	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u><i>Kent S. Bove</i></u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <u><i>7-12-06</i></u> Daytime Phone # _____		