

**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
Zip 34685	Zip 34685
Country USA	Country USA



05112006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3433251	Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BOVE, KENT S 3014 PLANTATION WAY WINTER HAVEN, FL 33884	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

Signature, typed or printed name of registered agent and title if applicable (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.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BOVE, KENT S 3014 PLANTATION WAY WINTER HAVEN, FL 33884	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bove, Kent S 3558 Wembley Way #103 Palm Harbor, FL 34685	<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
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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 any address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-12-06

Date

Daytime Phone #