


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 28, 2006 8:00 am**  
**Secretary of State**

02-28-2006 90013 002 \*\*\*150.00

<b>DOCUMENT # P98000075201</b>	
1. Entity Name <b>AUTOMOBILE MOVEMENT EXPERTS, INC.</b>	

Principal Place of Business <b>8281 LAKE UNDERHILL RD. ORLANDO, FL 32825</b>	Mailing Address <b>8281 LAKE UNDERHILL RD. ORLANDO, FL 32825</b>
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**50000399**



2. Principal Place of Business <b>9808 SW 90th Street</b> Suite, Apt. #, etc.	3. Mailing Address <b>9808 SW 90th Street</b> Suite, Apt. #, etc.
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02222006 Chg-P CR2E034 (11/05)

City & State <b>Gainesville, FL</b>	City & State <b>Gainesville, FL</b>
Zip <b>32608</b>	Country <b>Alachua</b>
Zip <b>32608</b>	Country <b>Alachua</b>

4. FEI Number <b>59-3536741</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>RUSSO, ALLISON 8281 LK. UNDERHILL RD. ORLANDO, FL 32825</b>	
7. Name and Address of New Registered Agent Name <b>Mann, Allison</b> Street Address (P.O. Box Number is Not Acceptable) <b>9808 SW 90th Street</b> City <b>Gainesville</b> FL Zip Code <b>32608</b>	

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 <b>Allison Mann</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>Allison Mann, President</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>
	DATE <b>2.22.06</b>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D RUSSO, ALLISON 1121 EASTIN AVE B10 ORLANDO, FL 32804</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D Mann, Allison 9808 SW 90th Street Gainesville, FL 32608</b> <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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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

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: <b>Allison Mann</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>Allison Mann - President</b> Date <b>2.22.06</b> Daytime Phone # <b>321-388-5786</b>