


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000098966</b> 1. Entity Name <b>ASSET MANAGEMENT PARTNERS, INC.</b>	
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Principal Place of Business <b>1900 SUMMIT TOWER BLVD. STE 240 ORLANDO, FL 32810 US</b>	Mailing Address <b>1900 SUMMIT TOWER BLVD SUITE 240 ORLANDO, FL 32810</b>
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02162006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-3553960</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

**STONE, STEPHEN M  
725 N MAGNOLIA AVE  
ORLANDO, FL 32803**

**DO NOT WRITE  
IN THIS SPACE**

6. 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 \$150.00  
After May 1, 2006 Fee will be \$350.00**

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	<b>DCEO UDELL, BRUCE 1900 SUMMIT TOWER BLVD 240 ORLANDO, FL 32810</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP WALK, MITCHELL 1900 SUMMIT TOWER BLVD 240 ORLANDO, FL 32810</b>
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1100000451520  
03/01/06 00057-014 158.75

**DO NOT WRITE  
IN THIS SPACE**

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:** *Bruce Udell CEO*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*2/27/06*

*941-951-0443*