


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 08:00 A
Secretary of State

DOCUMENT # P99000028744

1. Entity Name
AMERICA.COM, INC.



Principal Place of Business
**9043 HARBOR ISLE
 WINDERMERE, FL 34786**

Mailing Address
**9043 HARBOR ISLE
 WINDERMERE, FL 34786**

DO NOT WRITE IN THIS SPACE



04302007 No Chg-P CR2E034 (11/05)

4. FEI Number
59-3701640

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BECKER, IRVING
 9043 HARBOR ISLE
 WINDERMERE, FL 34786**

DO NOT WRITE 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**


000000758755
 05/24/07-80015-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDS BECKER, ELAINE C 9043 HARBOUR ISLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BECKER, IRVING 9043 HARBOR ISLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BECKER, ELAINE 9043 HARBOR ISLE WINDERMERE, FL 34786
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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:  **4/29/07** **407-909-1477**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #