


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90342 049 ***150.00

DOCUMENT # P04000157331

1. Entity Name
AMERICAN OVERSEAS MANAGEMENT AND ADMINISTRATION CORPORATION



Principal Place of Business 700 11TH STREET S PH 2 NAPLES, FL 34102	Mailing Address 700 11TH STREET S PH 2 NAPLES, FL 34102
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60028752



01232006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 56-2492454	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ABLE ADVISORY INC
700 11TH STREET S PH 2
NAPLES, FL 34102

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P ABLE, ANTHONY 696 PARTRIDGE CT MARCO ISLAND, FL 34145
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRANSTON, CHRIS 6618 ILEX CIRCLE NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MORRISON, CANDACE 4710 15TH AVE SW NAPLES, FL 34116
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: ANTHONY ABLE - mgr - President Date: 4-18-06 Daytime Phone #: 239-430-4310