

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001219

FILED
Mar 19, 2009
Secretary of State

Entity Name: AMERINATIONAL COMMUNITY SERVICES, INC.

Current Principal Place of Business:

8121 E FLORENCE AVE
DOWNEY, CA 90240

New Principal Place of Business:

Current Mailing Address:

217 SOUTH NEWTON AVE
ALBERT LEA, MN 56007

New Mailing Address:

FEI Number: 41-1951655

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAGLIARINI, DIANA
10012 NORTH DALE MABRY, HWY. #209
TAMPA, FL 33618 US

Name and Address of New Registered Agent:

TAGLIARINI, DIANA
5301 W CYPRESS ST, SUITE 103
TAMPA, FL 33607 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

03/19/2009

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: KIMBALL, JOHN
Address: 1578 UNIVERSITY AVENUE WEST
City-St-Zip: SAINT PAUL, MN 55104

Title: D () Delete
Name: BOYUM, NORLIN G
Address: 1578 UNIVERSITY AVENUE WEST
City-St-Zip: SAINT PAUL, MN 55104

Title: DEVP () Delete
Name: TORRES, MICHAEL
Address: 8121 E FLORENCE AVE
City-St-Zip: DOWNEY, CA 90240

Title: DPTS () Delete
Name: THORSON, ADRIENNE
Address: 217 SOUTH NEWTON AVE
City-St-Zip: ALBERT LEA, MN 56007

Title: D () Delete
Name: O'MEARA, BARRY
Address: 217 SOUTH NEWTON AVENUE
City-St-Zip: ALBERT LEA, MN 56007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: O'MEARA, BARRY
Address: 1578 UNIVERSITY AVENUE WEST
City-St-Zip: ST PAUL, MN 55104

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE THORSON

Electronic Signature of Signing Officer or Director

DPTS

03/19/2009

Date