2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000526

Entity Name: A&A CONTRACT SERVICES, INC.

FILED Apr 14, 2009 Secretary of State

Current F	Principal Plac	e of Business:	New Principal Place	of Business:
	ST PARK PLA	CE BLVD		
STE B STONE M	OUNTAIN, GA	A 30087		
Current Mailing Address:		New Mailing Address:		
2136 WES	ST PARK PLA	CE BLVD		
	10UNTAIN, GA	4 30087		
FEI Number	r: 58-1962659	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
	NCY MMERWIND C TON, FL 3420			
The section				
	e named entity te of Florida.	submits this statement for the	ourpose of changing its registered	d office or registered agent, or both,
	te of Florida.			
in the Stat SIGNATU	te of Florida. IRE: Electro	onic Signature of Registered Ag		d office or registered agent, or both, Date
in the Stat SIGNATU	te of Florida. IRE: Electro			
in the Stat SIGNATU Election Ca	te of Florida. IRE: Electro	onic Signature of Registered Ag	ent	
in the Stat SIGNATU Election Ca	te of Florida. JRE: Electro Impaign Financia S AND DIREC CHMN (HALL, ANITA I 2136 WEST F	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete	ent	Date
in the Stat SIGNATU Election Ca OFFICER Title: Name: Address:	te of Florida. Flectro IRE: Electro Impaign Financia S AND DIREC CHMN (HALL, ANITA I 2136 WEST F STONE MOUN CEO (HALL, ARTHU 2136 WEST F	onic Signature of Registered Aging Trust Fund Contribution (). CTORS:) Delete L VARK PLACE BLVD., STE B UTAIN, GA 30087	ent ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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: GARY S. EPP COO 04/14/2009