

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000486

FILED  
Apr 21, 2007  
Secretary of State

**Entity Name:** AMERICANS SUPPORT OUR TROOPS ASSOCIATION, INC.

**Current Principal Place of Business:**

595 W. GRANADA BLVD., SUITE J  
ORMOND BCH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

595 W. GRANADA BLVD., SUITE J  
ORMOND BCH, FL 32174

**New Mailing Address:**

P. O. BOX 70  
DAYTONA BEACH, FL 32174

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: ANANIA, JOSEPH V  
Address: 280 MELROSE AVE.  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: ERICKSON, MARK  
Address: 14901 WHITE MAGNOLIA CT.  
City-St-Zip: ORMOND BCH, FL 32824

Title: D ( ) Delete  
Name: BOIRE, MARTIN C  
Address: 595 W. GRANADA BLVD., SUITE J  
City-St-Zip: ORMOND BCH, FL 32174

Title: D ( ) Delete  
Name: JONAS, BRUCE  
Address: 16017 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 335498140

**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: D (X) Change ( ) Addition  
Name: JONAS, BRUCE  
Address: 16017 N. FLORIDA AVE.  
City-St-Zip: TAMPA, FL 33549

I hereby certify that the information supplied with this filing does not qualify for the 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTIN C. BOIRE

PRES

04/21/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date