

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 21, 2009
Secretary of State**

DOCUMENT# N06000000486

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:

P. O. BOX 70
DAYTONA BEACH, FL 32174

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) 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 (X) 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 ESQ.
Address: 16017 N. FLORIDA AVE.
City-St-Zip: TAMPA, FL 33549

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 ESQ.
Address: 1304 FLETCHER AVENUE WEST
City-St-Zip: TAMPA, FL 33612

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 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

04/21/2009

Electronic Signature of Signing Officer or Director

Date