

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009902

FILED
Apr 30, 2007
Secretary of State

Entity Name: A2Z SUPPLIES, INC.

Current Principal Place of Business:

377 CANOE TRAIL LANE
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

377 CANOE TRAIL LANE
ORLANDO, FL 32825

New Mailing Address:

FEI Number: 41-2215730 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUTLER, THERESA
377 CANOE TRAIL LANE
ORLANDO, FL 32825 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: PD () Delete
Name: BUTLER, THERESA
Address: 377 CANOE TRAIL LANE
City-St-Zip: ORLANDO, FL 32825

Title: CEO () Delete
Name: BUTLER, THERESA
Address: 377 CANOE TRAIL LANE
City-St-Zip: ORLANDO, FL 32825

Title: D () Delete
Name: BUTLER, JOSEPH
Address: 377 CANOE TRAIL LANE
City-St-Zip: ORLANDO, FL 32825

Title: TD () Delete
Name: BARRETT, ANTOINETTE
Address: 5412 CENTER AVE.
City-St-Zip: LANHAM, MD 20706

Title: SD () Delete
Name: GARDNER, IRENE
Address: 1729 31ST ST., S.E.
City-St-Zip: WASHINGTON, DC 20020

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

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: THERESA BUTLER

CEO

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date