

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000057249

Entity Name: AAA AMERICA DIRECT, INC.

FILED  
Feb 08, 2010  
Secretary of State

**Current Principal Place of Business:**

4606 S. CLYDE MORRIS BLVD.  
SUITE 2-J  
PORT ORANGE, FL 32129 US

**New Principal Place of Business:**

**Current Mailing Address:**

4606 S. CLYDE MORRIS BLVD.  
SUITE 2-J  
PORT ORANGE, FL 32129 US

**New Mailing Address:**

FEI Number: 59-3340851      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HOLLMAN, MICHAEL Y  
4606 S. CLYDE MORRIS BLVD.  
SUITE 2-J  
PORT ORANGE, FL 32129 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HOLLMAN, MICHAEL Y  
Address: 4606 S. CLYDE MORRIS BLVD.  
City-St-Zip: PORT ORANGE, FL 32129 US

Title: VP  
Name: HOLLMAN, KAREN S VP  
Address: 812 HENSEL HILL WEST  
City-St-Zip: PORT ORANGE, FL 32127 US

I hereby 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 all other like empowered.

SIGNATURE: MICHAELY HOLLMAN

P

02/08/2010

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

\_\_\_\_\_ Date