2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATE

PISTES ecretary of State **DOCUMENT # F00000007249** 1. Entity Name AYA ASSOCIATES, INC. Principal Place of Business Mailing Address 331 NORTH MAITLAND AVE. 331 NORTH MAITLAND AVE. SUITE D10 SUITE D10 MAITLAND, FL 32751 MAITLAND, FL 32751 07092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 22-2219103 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent AYA, EDGAR H DO NOT WRITE 331 NORTH MAITLAND AVE. SUITE D10 IN THIS SPACE MAITLAND, FL 32751 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE U00000774086 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$550.00 09/14/07-80006-009 550.00 . Trust Fund Contribution. Added to Fees Due by September 14, 2007 OFFICERS AND DIRECTORS 10 PCD TITLE AYA, EDGAR H NAME 331 NORTH MAITLAND AVE., SUITE D10 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 HILE AYA, ALEX NAME STREET ADDRESS 331 NORTH MAITLAND AVE., SUITE D10 CITY-ST-ZIP MAITLAND, FL 32751 TITLE AYA, HORTENSIA NAME 331 NORTH MAITLAND AVE., SUITE D10 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP MAITLAND, FL 32751 TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS CITY - ST - ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other fixe empowered.

G OFFICER OR DIRECTOR

407-536-1800

FILED