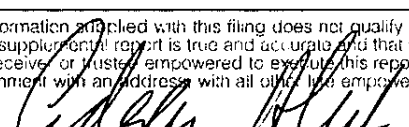


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # F00000007249					
1. Entity Name AYA ASSOCIATES, INC.					
Principal Place of Business 331 NORTH MAITLAND AVE. SUITE D10 MAITLAND FL 32751			Mailing Address 331 NORTH MAITLAND AVE. SUITE D10 MAITLAND FL 32751		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 22-2219103				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent AYA, EDGAR H 331 NORTH MAITLAND AVE. SUITE D10 MAITLAND FL 32751			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ DATE _____ Signature, typed or printed name of registered agent and title. If applicable. (NOTE: Registered Agent signature required when submitting)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD AYA, EDGAR H 331 NORTH MAITLAND AVE., SUITE D10 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AYA, ALEX 331 NORTH MAITLAND AVE., SUITE D10 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	U000000849723 03/21/08-80032-007-150.00 ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S AYA, HORTENSIA 331 NORTH MAITLAND AVE., SUITE D10 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changes, or on an attachment with an address with all other less empowered.					
SIGNATURE: 			3/4/08 407-539-1800 Date Day: 08 Month: 03 Year: 2008		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					