

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003377

FILED
Jan 14, 2009
Secretary of State

Entity Name: AMERICAN COUNSELORS, INC.

Current Principal Place of Business:

210 E. SECOND AVE., SUITE 300
ROME, GA 30161

New Principal Place of Business:

Current Mailing Address:

210 E. SECOND AVE., SUITE 300
ROME, GA 30161

New Mailing Address:

FEI Number: 58-1517203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY, JOHN
8545 126TH AVE N
LARGO, FL 33773 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: PC () Delete
Name: WHITE, MICHAEL A
Address: 8545 126TH AVE N
City-St-Zip: LARGO, FL 33773

Title: S () Delete
Name: WHITE, ANN O
Address: 8545 126TH AVE N
City-St-Zip: LARGO, FL 33773

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: WHITE, MICHAEL A
Address: 8545 126TH AVE N
City-St-Zip: LARGO, FL 33773

Title: SECR (X) Change () Addition
Name: WHITE, ANN O
Address: 8545 126TH AVE N
City-St-Zip: LARGO, FL 33773

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL A WHITE

PRES

01/14/2009

_____ Electronic Signature of Signing Officer or Director

_____ Date