

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002322

Entity Name: AAO SERVICES, INC.

FILED
Feb 05, 2008
Secretary of State

Current Principal Place of Business:

401 N LINDBERGH BLVD
CREVE COEUR, MO 63141

New Principal Place of Business:

Current Mailing Address:

401 N LINDBERGH BLVD
CREVE COEUR, MO 63141

New Mailing Address:

FEI Number: 43-1709728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR SUITE 4
WESTON, FL 33331 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: C () Delete
Name: SINNA, LEO C DR
Address: 1068 S LAKE ST #205
City-St-Zip: FOREST LAKE, MN 55025

Title: VC () Delete
Name: BRAY, ROBERT J DR
Address: 620 SHORE RD PO BOX 446
City-St-Zip: SOMERS POINT, NJ 08244

Title: S () Delete
Name: POOLE, MORRIS N DR
Address: 1340 N 600 E #2
City-St-Zip: LOGAN, UT 843412451

Title: D () Delete
Name: GILMORE, JEFFREY L DR
Address: 510 ARENDS RIDGE RD
City-St-Zip: MARIETTA, OH 45750

Title: D () Delete
Name: NAGEL, NORMAN J
Address: 3695 ALAMO ST #301
City-St-Zip: SIMI VALLEY, CA 930632188

Title: D () Delete
Name: OPIN, PERRY
Address: 266 BROAD ST
City-St-Zip: MILFORD, CT 064603293

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

SIGNATURE: SCOTT CANT

SECR

02/05/2008

Electronic Signature of Signing Officer or Director

Date