


2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

PS 182

DOCUMENT # F97000004810 1. Entity Name AUTOMOBILE AUTOSURE SERVICES, INC.					
Principal Place of Business 9699 TIERRA GRANDE STE 201 SAN DIEGO, CA 92126 US			Mailing Address PO BOX 26280 SAN DIEGO, CA 92196		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	D WALKER, CHARLES S 1455 BELLEVUE AVE W VANCOUVER CANADA,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLETCHER, JASON W 9699 TIERRA GRANDE STE 201 SAN DIEGO, CA 92126		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700060089277 09/29/05--01071--017 #61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Sept 20 2005 Date		
			Daytime Phone #		

FILED
05 SEP 27 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



09072005 Chg-P CR2E034 (10/03)

4. FEI Number: **33-0296541** Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

WALKER GROUP



WGI INSURANCE SERVICES

19 2 3 2

September 15, 2005

State of Florida
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: Foreign Corporation No. F97000004810
Automobile Autosure Services Inc

To Whom It May Concern:

Please accept this letter as notice of the following changes to our corporate officers:

Please remove: President:
Jason William Fletcher
Date Relinquishing Office: 9/15/05

Please add: President:
Charles Stewart Walker *same address*
Date Taking Office: 9/15/05

Enclosed is an Amended Annual Report along with the filing fee of \$61.25. Thank you for your consideration. If you have any questions, please do not hesitate to contact me.

Sincerely,

Charles S. Walker
President

CW/rs