2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F98000006499

1. Entity Name

AAAÁA ENTERPRISES, INC.



FILED Jul 07, 2005 08:00 AM Secretary of State

CR2E034 (10/03)

Principal Place of Business

7348 NC HWY 222 EAST STANTONSBURG, NC 27883 Mailing Address

7348 NC HWY 222 EAST STANTONSBURG, NC 27883



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For S6-2030270 Not Applied For Not Applied For Status Desired S8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TREVOR, JEAN L 380 N.W. DEARMAN STREET PORT ST. LUCIE, FL 34983

DO NOT WRITE IN THIS SPACE

No Chg-P

06292005

the obligat	named entity submits this statement for the plans of registered agent.	purpose of changing its registered	office or registered agent, or b	oth, in the State of Florida. 1	am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title II applicable (NOTE Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 9. Election Campaign Finan Trust Fund Contribution.					
10.	OFFICERS AND DIREC	CTORS			
NAME STREET ADDRESS CITY-ST-ZIP	P CADWALLADER, EDITH P 7348 NC HWY 222 EAST STANTONSBURG, NC 27883				110
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CADWALLADER, ROBERT B 7348 NC HWY 222 EAST STANTONSBURG, NC 27883	÷:	** **	07/07/05-800)3-025 550.00
NAME STREET ADDRESS CITY-ST-ZIP	D TREVOR, JEAN L 380 N.W. DEARMAN STREET PORT ST.LUCIE, FL 34983		DO	NOT WRI	ΓE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN	THIS SPAC	E
TITLE NAME STREET ADDRESS CITY-ST-ZIP				<i></i> -	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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.					

ME OF SIGNING OFFICER OR DIRECTOR