## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J67795

Entity Name: ASHE INDUSTRIES, INC.

ASHE, ROBERT

TAMPA, FL 33629

3107 W. SAN CARLOS ST

Name:

Address:

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Littly Na	IIIe. AOHEIN	DOSTRIES, INC.		
Current Principal Place of Business:			New Principal Place of Business:	
4505 TRAI TAMPA, F	NSPORT DR L 33605			
Current Mailing Address:			New Mailing Address:	
4505 TRAI TAMPA, F	NSPORT DR L 33605			
FEI Number	: 59-2802818	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and	Address of (	Current Registered Agent:	Name and Address of New Registered Agent:	
MARKS, P 307 S BOU SUITE D TAMPA, F				
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	d office or registered agent, or both,
SIGNATU	RE:			
	Electro	nic Signature of Registered Ago	ent	Date
Election Car	mpaign Financin	g Trust Fund Contribution ( ).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	ASHE, STANLE	) Delete EY RE BLVD UNIT #2105	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP ( ASHE, STEVEN 502 S. ALBAN' TAMPA, FL 33	Y AVE UNIIT #2	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ASHE, NEVIN	) Delete MABRY HWY UNIT 4103 611	Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	VP (	) Delete	Title:	( ) Change ( ) Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: KAREN NORMAND CONT 04/15/2009