2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# J96124

Entity Name: ASSURED FLOW SALES, INC.

FILED Aug 04, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1345 MAIN STREET 1718 MAIN STREET SUITE 201 SUITE F

SARASOTA, FL 34236 SARASOTA, FL 34236

Current Mailing Address: New Mailing Address:

P. O. BOX 49633 SARASOTA, FL 34230

FEI Number: 65-0038677 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

JAMES, JOSEPH R JAMES, BENJAMIN R 1345 MAIN ST #F 1718 MAIN STREET SARASOTA, FL 34236 US SUITE 201

SARASOTA, FL 34236 US

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: JAMES BENJAMIN 08/04/2009

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

JAMES, JOSEPH R. Name: Name: JAMES, BENJAMIN R 1345 MAIN ST #F 1718 MAIN STREET SUITE 201 Address: Address: City-St-Zip: SARASOTA, FL 34236 City-St-Zip: SARASOTA, FL 34236

() Delete Title: TD Title: (X) Change () Addition

Name: PICKLE, KEITH A. Name: JAMES, KIMBERLY H 1939 LINCOLN DRIVE 659 AVENIDA DEMAYO Address: Address: SARASOTA, FL 34236 SARASOTA, FL 34242 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: SD () Delete SD

MCDEVITT, WILLIAM J. Name: JAMES, JOSEPH R Name: 7508 WEEPING WILLOW DR. 1718 MAN STREET SUITE 201 Address: Address:

City-St-Zip: SARASOTA, FL City-St-Zip: SARASOTA, FL 34236

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: BENJAMIN JAMES PD 08/04/2009