2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # J97138 AMERICAN UNDERGROUND SERVICES, INC. Principal Place of Business Mailing Address 340 SW BEACHWAY AVE PALM CITY FL 34990 340 SW BEACHWAY AVE PALM CITY FL 34990 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito, Apt, #, etc. Suite, Apt. #, otc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0038785 Not Applicable Ζıp Country Country \$8.75 Additional 5. Cortificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo SPAOONI, MARK 340 SW BEACHWAY AVE Street Address (P.O. Box Number is Not Acceptable) PALM CITY FL 34990 City Zip Code 8. The above named onlity 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** Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITEF Delete TITLE ☐ Change Addition SPADONI, MARK I. NAME NAME UQQQQQ6871**2**7 340 SW BEACHWAY AVE STREET ADDRESS STREET ADDRESS **04**/10/07-80026-007 150.00 PALM CITY FL 34990 CITY - ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SPADONI, SHEAREEN L. NAME NAME 340 SW BEACHWAY AVE STREET ADDRESS STREET ADDRESS PALM CITY FL 34990 CITY-ST-7IP CITY-ST-ZIP HILL Delete 🗀 Change Addition NAMI* NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-S1-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SI-7IP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 12. I horoby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 logal effect as if made under eath, 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.

FILED

3/26/07 (72) 781-5286