

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K22446

FILED
Apr 18, 2009
Secretary of State

Entity Name: AIKEN & ASSOCIATES, INC.

Current Principal Place of Business:

670 N. ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 US

New Principal Place of Business:

730 VIA LOMBARDY
WINTER PARK, FL 32789 US

Current Mailing Address:

670 N. ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 US

New Mailing Address:

200 ST. ANDREWS BLVD.
#1305
WINTER PARK, FL 32792 US

FEI Number: 59-2889010

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIKEN, ALBERT R D/P
670 N. ORLANDO AVE
SUITE 100
MAITLAND, FL 32751 US

Name and Address of New Registered Agent:

AIKEN, ALBERT R D/P
200 ST. ANDREWS BLVD.
#1305
WINTER PARK, FL 32792 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: ALBERT R. AIKEN

04/18/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D/P () Delete
Name: AIKEN, ALBERT R
Address: 670 N. ORLANDO AVE., #100
City-St-Zip: MAITLAND, FL 32751 US

Title: D () Delete
Name: AIKEN, CAROL
Address: 670 N. ORLANDO AVE., #100
City-St-Zip: MAITLAND, FL 32751 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D/P (X) Change () Addition
Name: AIKEN, ALBERT R
Address: 200 ST. ANDREWS BLVD., #1305
City-St-Zip: WINTER PARK, FL 32792 US

Title: D (X) Change () Addition
Name: AIKEN, CAROL
Address: 200 ST. ANDREWS BLVD., #1305
City-St-Zip: WINTER PARK, FL 32792 US

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: ALBERT R. AIKEN

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04/18/2009

Electronic Signature of Signing Officer or Director

Date