


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90025 021 ***150.00

DOCUMENT # K73665 1. Entity Name AUDIO INFORMATIONAL SERVICES, INC.			
Principal Place of Business P.O. BOX 575 DEERFIELD BEACH, FL 33443 US		Mailing Address P.O. BOX 575 DEERFIELD BCH, FL 33443 US	
2. Principal Place of Business - No P.O. Box # 6208 Santa Margarita Dr. Suite, Apt. #, etc.		3. Mailing Address P.O. Box 650327 Suite, Apt. #, etc.	
City & State Ft. Pierce, FL		City & State Vero Beach, FL	
Zip 34951	Country USA	Zip 32965	Country USA
4. FEI Number 65-0323405		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent COLLINS, RICHARD A. 487 N.W. 48TH AVE. DEERFIELD BEACH, FL 33442		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6208 Santa Margarita Dr. Ft. Pierce FL 34951	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPV COLLINS, RICHARD A. 487 N.W. 48TH AVE. DEERFIELD BEACH, FL 33442	TITLE NAME STREET ADDRESS CITY-ST-ZIP	6208 Santa Margarita Dr. Ft. Pierce, FL 34951
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.			
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Jilliann Collins		Date 2/14/07 Daytime Phone # (772) 468-6880	

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