

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED  
Jan 17, 2008 8:00 am  
Secretary of State**

01-17-2008 90019 007 \*\*\*150.00

DOCUMENT # L39834		
1. Entity Name AAA COMMUNICATIONS, INC.		

Principal Place of Business 437 LITHIA PINCREST ROAD BRANDON, FL 33511	Mailing Address 437 LITHIA PINCREST ROAD BRANDON, FL 33511
--	--

2. Principal Place of Business - No P.O. Box # 439 Lithia Pinecrest Road	3. Mailing Address 439 Lithia Pinecrest Road
---	---

Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country	4. FEI Number 59-3016929	Applied For Not Applicable
-----	---------	-----	---------	-----------------------------	-------------------------------

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent  VACCARO, NATHAN J JR. 437 LITHIA PINCREST RD BRANDON, FL 33511	7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City
---	---

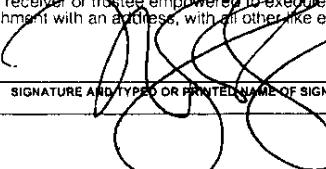
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when renewing)	DATE
-----------	---	---	------

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VACCARO, NATHAN J JR.		NAME	
STREET ADDRESS	152 BARRINGTON DRIVE		STREET ADDRESS	
CITY-ST-ZIP	BRANDON, FL 33511		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

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: 	1/14/08	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			