2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000000718

FILED Jan 15, 2009 Secretary of State

Entity Nai	ne: THE ASS			
Current Principal Place of Business:		New Principal Place of Business:		
	LER AVENUE RNA BEACH			
Current Mailing Address:		New Mailing Address:		
PO BOX 2 SANFORE	787), FL 32773			
FEI Number:	20-2340918	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:		
MCCLANE 384 FLAGI				
NEW SMY	RNA BEACH			
The above	'RNA BEACH	FL 32169 US	purpose of changing its registere	ed office or registered agent, or both,
The above in the State	RNA BEACH, named entity of Florida. RE:	FL 32169 US submits this statement for the		
The above in the State SIGNATUR	ramed entity e of Florida. RE: Electro	FL 32169 US submits this statement for the nic Signature of Registered Ag	ent	Date
The above in the State	RNA BEACH, named entity of Florida. RE:	FL 32169 US submits this statement for the nic Signature of Registered Ag	ent	
The above in the State SIGNATUR	ramed entity of Florida. RE: Electro S AND DIRECT MCCLANE, DE 384 FLAGLER	FL 32169 US submits this statement for the nic Signature of Registered Age TORS:) Delete EBBIE	ent	Date
The above in the State SIGNATUR OFFICER: Title: Name: Address:	rana BEACH, named entity of Florida. RE: Electro S AND DIRECT P (MCCLANE, DE 384 FLAGLER NEW SMYRNA	FL 32169 US submits this statement for the nic Signature of Registered Age TORS:) Delete EBBIE AVENUE A BEACH, FL 32169) Delete DAL L ADOW LANE	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTORS

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RANDAL L. SIEGEL VΡ 01/15/2009