2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003027

Entity Name: AYMISS, INC

FILED Mar 13, 2006 Secretary of State

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Current P	rincipal Place of Business:	New Principal Place of Business:		
	6TH STREET ERDALE, FL 33311			
Current Mailing Address:		New Mailing Address:		
	6TH STREET ERDALE, FL 33311			
FEI Number	: FEI Number Applied For ()	FEI Number Not Applicable (X)	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent:	Name and Address	of New Registered Agent:	
The above	SONYA 6TH STREET ERDALE, FL 33311 US e named entity submits this statement for the e of Florida.	purpose of changing its register	ed office or registered agent, or both,	
SIGNATUI				
SIGNATU	Electronic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	ED () Delete GRIFFIN, SONYA 3611 NW 6TH STREET FT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete GRIFFIN, ARRON 3611 NW 6TH STREET FT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () Delete GRIFFIN, SONYA 3611 NW 6TH STREET FT LAUDERDALE, FL 33311	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	PD () Delete RILES, RODNEY JR 5372 HAWKS LANDING DR APT 201 FT MYERS, FL 33907	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete DAVIS, ARNETTA 5540 SW 43RD STREET DAVIE, FL 33314	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: SONYA GRIFFIN ED 03/13/2006