-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

JUUSIMENT # N98000004251

FILED Feb 22, 2007 08:00 AM

ARMED FORCES SERVICE CENTER, INC.							Secretary of State				
Principal Place of Business Mailing Address											
MIAMI INTERNATIONAL AIRPORT P.O				D. BOX 998014 AMI FL 33299							
2. Principal Place of Business - No P.O. Box # 3. Ma				tailing Address						0 0 & 1881	
Suite. Apt. #. etc.			Suit	Suite, Apt #, etc.			1st MOORE CR2E037 (10/06)				
City & Stato			City	City & State			4. FEI Number	NO-T APPLICABLE	1. '	pplied For of Applicable	
Zip	Country		Zip	Zip Co		ıntry	5. Certificate of Status Desired \$8.75 Additional Fee Required				
6. Name and Address of Current Register				ed Agent			7. Name and Address of New Registered Agent				
						Name					
WHITBECK, KEITH V 9057 SW 161 TERR						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FL 33157				City				·	Zip Cod	io	
						FL	•				
the obliga	tions of rogist	tored agent.						the State of Florida, I am	amiliar with,	, and accept	
	Signature, typed	or printed name of registered agen	t and title if applic	cable (NOTE	: Registare	d Agent signature requir	red when reinstating)	DATE			
FILE NOW: FEE IS \$61.25 Due By May 1, 2007				9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees	\$5.00 May Be Make Check Payable to Added to Fees Florida Department of State			
10.	,	OFFICERS AND DI	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICERS AND DIF	RECTORS IN	110	
TIME NAME STREET ADDRESS CITY: ST- ZIP	PD WHITBECH 9057 S W MIAMI FL	161 TER		☐ Delete				<u> </u>	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BODNER, STAN PO BOX 660466 MIAMI FL 33266			☐ Delete					Change	JU Addilion	
NAME STREET ADDRESS CITY-ST-ZIP	1	LEXANDER E E MFADE RLVD. 33138	-	☐ Delete	. =	1		,	☐ Change	Addition	
INTLE NAME STREET ADDRESS CITY-ST-ZIP	SD BODNER, S PO BOX 66 MIAMI FL 3	60466		☐ Delete	1				☐ Change	Addition	
NAME SIREET ADDRESS CITY-ST-ZIP	VP TANOS, GI 7333 BELL MIAMI FL 3	E MEADE BLVD		☐ Dolete					Change	Addition	
HILE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREE	I			Change	Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 logal effect as if made under eath; that I am an efficer 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-S1-7/P

an address, with all other like empowered.