


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90052 043 ***150.00

DOCUMENT # P00000107458	
1. Entity Name ASSOCIATED SERVICES & SUPPLY GROUP, INC.	

Principal Place of Business 10324 INDIAN MOUND DRIVE NEW PORT RICHEY, FL 34654	Mailing Address 10324 INDIAN MOUND DRIVE NEW PORT RICHEY, FL 34654
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2. Principal Place of Business - No P.O. Box # 1444 CORYDON AVE Suite, Apt. #, etc.	3. Mailing Address 1444 CORYDON AVE Suite, Apt. #, etc.
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City & State SPRING HILL FL	City & State SPRING HILL FL
Zip 34609	Country US



04292007 Chg-P CR2E034 (12/06)

4. FEI Number 59-3682025	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent NELSON, JEFFREY R 10324 INDIAN MOUND DR NEW PORT RICHEY, FL 34654	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	1444 CORYDON AVE
City	SPRING HILL FL
Zip Code	34609

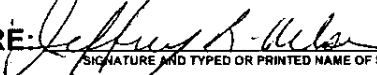
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE 	DATE 4-30-07

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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD NELSON, JEFFREY R 10324 INDIAN MOUND DRIVE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NELSON, DENISE M 10324 INDIAN MOUND DRIVE NEW PORT RICHEY, FL 34654 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1444 CORYDON AVE SPRING HILL FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1444 CORYDON AVE SPRINGHILL FL 34609
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE 	DATE 4-30-07	DAYTIME PHONE # 727-364-598
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