2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007
Secretary of State

DOCUMENT# P00754

Entity Name: AMERICAN SANITARY PARTITION CORPORATION

Current Principal Place of Business:

300 ENTERPRISE STREET
OCOEE, FL 347613002

New Principal Place of Business:

Current Mailing Address:

200 S ORANGE AVE
SUITE 2300
ORLANDO, FL 328013432 US

New Mailing Address:

FEI Number: 11-1967147 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A. G. C. CO.
200 S ORANGE AVE
SUITE 2300
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: BIRKENMAIER, GERALD,
Address: 17804 BONNIEVISTA CT
City-St-Zip: WINTER GARDEN, FL

Title: PSD ( ) Delete
Name: BIRKENMAIER, RONALD
Address: 9125 LYTHMAN CT
City-St-Zip: ORLANDO, FL 32819

Title: V ( ) Delete
Name: BLOCH, RALPH
Address: 360 HAVERLAKE CIRCLE
City-St-Zip: APOPKA, FL 32712

Title: T ( ) Delete
Name: DAVIS, CHARLES
Address: 431 POMONA DR
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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

SIGNATURE: CHARLES DAVIS T 02/05/2007
Electronic Signature of Signing Officer or Director — Date