2007 FOR PROFIT CORPORATION ANNUAL REPORT.

Jan 11, 2007 08:00 AM DOCUMENT # P01000007782 **Secretary of State** ASSOCIATED FLORIDA SERVICES INC. Principal Place of Business Mailing Address 3725 SHERWOOD BLVD 3725 SHERWOOD BLVD DELRAY BEACH, FL 33445 DELRAY BEACH, FL 33445 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4, FEI Number 65-1068643 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE DUNKER, SCOTT 3725 SHERWOOD BLVD DELRAY BEACH, FL 33445 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 01/11/07-80040-013 150.00 OFFICERS AND DIRECTORS 10. TITLE DUNKER, SCOTT A NAME 3725 SHERWOOD BLVD STREET ADDRESS CITY-ST-ZIP DELRAY BEACH, FL 33445 NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/207

561 499-9036

Daytime Phone #

FILED