## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000009221

Entity Name: AMERICAN SOLUTIONS AND SERVICES INC

FILED Jun 25, 2007 Secretary of State

Entity Name: AMERICAN SOLUTIONS AND SERVIC	JEO, INC.		
Current Principal Place of Business:	New Principal Place of	of Business:	
3501 WEST VINE STREET SUITE 336 KISSIMMEE, FL 34741			
Current Mailing Address:	New Mailing Address	New Mailing Address:	
3501 WEST VINE STREET SUITE 336 KISSIMMEE, FL 34741			
FEI Number: 01-0603055 FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:			
LINDO, NINOSKA C 3501 WEST VINE STREET SUITE 336 KISSIMMEE, FL 34741 US			
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ag	gent	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did n Election Campaign Financing Trust Fund Contribution ( ).	not receive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	S TO OFFICERS AND DIRECTORS:	
Title: P ( ) Delete	Title: P	(X) Change()Addition	

SIFONTES, NICOLAS R SIFONTES, NICOLAS R Name: Name: 460 HOLBORN LOOP 3501 WEST VINE STREET SUITE #336 Address: Address: City-St-Zip: DAVENPORT, FL 33897 City-St-Zip: KISSIMMEE, FL 34741 Title: VΡ () Delete Title: (X) Change ( ) Addition LINDO, NINOSKA C LINDO, NINOSKA C Name: Name: Address: 460 HOLBORN LOOP Address: 3501 WEST VINE STREET SUITE #336 DAVENPORT, FL 33897 KISSIMMEE, FL 34741 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NINOSKA C LINDO VΡ 06/25/2007