## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 09, 2007 08:00 AN Secretary of State

ANNUAL REPORT				Jan 09, 2007 08:0		
DOCUMENT # P02000015377  1. Entity Name A & A REAL ESTATE SOLUTIONS, INC.				Secretary of St		
Principal Place of Bu P.O. BOX 93407 LAKELAND, FL 338		Mailing Address P.O. BOX 93407 LAKELAND, FL 33804-3407			: 18:10 //JH 28:11 83:11 63:11	1 <b>2 1</b> 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DO	CE	01032007 No Chg-P CR2E034 (11/05)  4. FEI Number Applied For Not Applied For Not Applicable  5. Certificate of Status Desired S8.75 Additional Fee Required				
6. Name and Address of Current Registered Agent  LAMONS, CAROL D  1404 WYNGATE LANE  LAKELAKE, FL 33809  8. The above named entity submits this statement for the purpose of changing its register the obligations of registered agent.			ed office or register	IN <sup>-</sup>	NOT W THIS SP	ACE
SIGNATURE	, typed or printed name of registered agent and to	ile il applicable (NOTE: Registere	nd Agent signature required	i when reinstating)	- 4	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Fina Trust Fund Contribution.			· +•.	.00 May Be ed to Fees		
STREEI ADDRESS 1404 CITY-ST-ZIP LAKE TITLE D NAME SCHI STREEI ADDRESS 717 [	OFFICERS AND DIR TON, LANCE WYNGATE LANE LAND, FL 33809  JCK, STEVE DAUGHTERY ROAD LAND, FL 33809	ECTORS			00000 01/10/07 NOT W THIS SP	

12. Thereby 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 flustee 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 andress, with all other like empowered.

SIGNATURE: \*

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #