2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000024483

Entity Name: A.S. OUTSOURCING, INCORPORATED

FILED Jan 20, 2008 Secretary of State

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Current Principal Place of Business:	New Principal Place of Business:
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689 WYCKLIFFE PL 701 WYCKLIFFE PL

WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708

Current Mailing Address: New Mailing Address:

701 WYCKLIFFE PL WINTER SPRINGS, FL 32708

FEI Number: 43-1952429 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:

WINTHROP, REBECCA A WINTHROP, GRIFFITH J 701 WYCKLÍFFE PL 701 WYCKLÍFFE PL

WINTER SPRINGS, FL 32708 US WINTER SPRINGS, FL 32708 US

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: GRIFFITH J WINTHROP 01/20/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete Title:

Title: COLLINS, APRIL WINTHROP, REBECCA Name: Name: 689 WYCKLIFFE PLACE 701 WYCKLIFFE PLACE Address: Address: City-St-Zip: WINTER SPRINGS, FL 32708 City-St-Zip: WINTER SPRINGS, FL 32708

Title: Title: (X) Change () Addition () Delete Name: COLLINS, CASEY Name: COLLINS, APRIL

689 WYCKLIFFE PLACE 689 WYCKLIFFE PLACE Address: Address: WINTER SPRINGS, FL 32708 WINTER SPRINGS, FL 32708 City-St-Zip: City-St-Zip:

Title: () Change (X) Addition Title: () Delete

Name: COLLINS, CASEY Name: Address: 689 WYCKLIFFE PLACE Address: City-St-Zip: City-St-Zip: WINTER SPRINGS, FL 32708

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: REBECCA WINTHROP 01/20/2008 D