2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000029503

Entity Name: AVPUSA, INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

 8624 BLACK MESA DR
 8687 GLYBORNE CT.

 ORLANDO, FL 32829
 ORLANDO, FL 32825

Current Mailing Address: New Mailing Address:

8624 BLACK MESA DR 8687 GLYBORNE CT. ORLANDO, FL 32829 ORLANDO, FL 32825

FEI Number: 03-0417602 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:

STAMMEL, SYLVIA

8624 BLACK MESA DR
ORLANDO, FL 32829 US

STAMMEL, SYLVIA

8687 GLYBORNE CT.
ORLANDO, FL 32825 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: SYLVIA STAMMEL 04/15/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 STAMMEL, MARK
 Name:
 STAMMEL, MARK

 Address:
 8624 BLACK MESA DR
 Address:
 8687 GLYBORNE CT.

 City-St-Zip:
 ORLANDO, FL 32829
 City-St-Zip:
 ORLANDO, FL 32825

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

Name: STAMMEL, SYLVIA Name: STAMMEL, SYLVIA Address: 8624 BLACK MESA DR Address: 8687

City-St-Zip: ORLANDO, FL 32829 City-St-Zip: ORLANDO, FL 32825

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: SYLVIA STAMMEL VP 04/15/2009