2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000058818

Name:

Address:

City-St-Zip:

HOFFMAN, C. GARY

1225 TAMIAMI TRAIL, UNIT B13

PORT CHARLOTTE, FL 33953

Entity Name: ASIAN & AMERICAN SURVEYING AND SERVICES, INC.

FILED Apr 30, 2008 Secretary of State

-			,			
Current Principal Place of Business:				New Principal Place of Business:		
1225 TAMIAMI TRAIL, UNIT B13 PORT CHARLOTTE, FL 33953				1225 TAMIAMI TRAIL UNIT B-13 PORT CHARLOTTE, FL 33953		
Current Mailing Address:				New Mailing Address:		
1225 TAMIAMI TRAIL, UNIT B13 PORT CHARLOTTE, FL 33953			ÜN	1225 TAMIAMI TRAIL UNIT B-13 PORT CHARLOTTE, FL 33953		
FEI Number:	: 03-0431291	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:		
STEINBROOK, LINA C 18399 BRIGGS CIR PORT CHARLOTTE, FL 33948 US				STEINBROOK, LINA C 18399 BRIGGS CIRCLE PORT CHARLOTTE, FL 33948 US		
	named entity e of Florida.	submits this statement for the	purpose of cha	anging its registered	office or registered agent, or both,	
SIGNATURE: LINA C. STEINBROOK				04/30/2008		
Election Car		iic Signature of Registered Ag g Trust Fund Contribution ().	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MCDANIEL, MC 1225 TAMIAMI	Delete DNALISA D TRAIL UNIT B13 DTTE, FL 33953		`) Change ()Addition	
Title: Name: Address: City-St-Zip:	STEINBROOK, 1225 TAMIAMI	Delete LINA C TRAIL UNIT B13 VTTE, FL 33953		,) Change ()Addition	
Title:	VP (Delete	Title	: () Change ()Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: LINA C. STEINBROOK PTS 04/30/2008