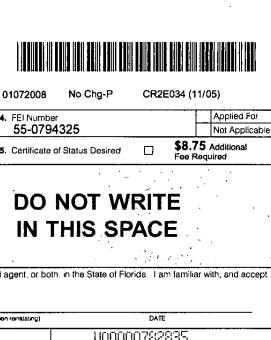
2008 FOR PROFIT CORPORATION

ANNUAL REPORT **DOCUMENT # P02000096571** AA PRODUCTS, INC. Principal Place of Business Mailing Address 11207 NE CR 793 11207 NE CR 793 RAIFORD, FL 32083 RAIFORD, FL 32083

FILED Jan 14, 2008 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE 4. FEI Number Not Applicable 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GRIFFIS, ALVIN A 11207 NE CR 793 RAIFORD, FL 32083 8. 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Hnnnnn782835 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 01/15/08-80090-019 150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE SHADD, ALLISON E NAME 15334 NE 264 LANE STREET ADDRESS CITY-ST-ZIP RAIFORD, FL 32083 TITLE GRIFFIS, ALVIN A NAME STREET ADDRESS 11207 N CR 793 CITY-ST-7IP RAIFORD, FL 32083 TITEE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP ₹ITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby 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 trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: