

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106505

FILED
Apr 30, 2008
Secretary of State

Entity Name: ALL STATES ASSISTANCE PROVIDERS, INCORPORATED

Current Principal Place of Business:

6604 SW 95 CT
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

6604 SW 95 CT
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-5594259

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, ALFRED L
6604 SW 95 CT
MIAMI, FL 33173 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MILLER, ALFRED L PRESIDE
Address: 6604 SW 95 CT
City-St-Zip: MIAMI, FL 33173

Title: VD () Delete
Name: MILLER, JOHN W
Address: 14351 PEACOCK TRAIL
City-St-Zip: ORLANDO, FL 32828

Title: TD () Delete
Name: MILLER, JASON L
Address: 6604 SW 95TH COURT
City-St-Zip: MIAMI, FL 33173

Title: D () Delete
Name: MILLER, RONALD
Address: 32746 INNETOWNE ROAD
City-St-Zip: LAKEMOOR, IL 60051

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ALFRED L. MILLER

PD

04/30/2008

Electronic Signature of Signing Officer or Director

Date