2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2004
Secretary of State

DOCUMENT# P02000112468

Entity Name: ASAAP, INC.

Current Principal Place of Business:

2860 SLAUGHTER ROAD
PERRY, FL 32347

New Principal Place of Business:

Current Mailing Address:

2860 SLAUGHTER ROAD
PERRY, FL 32347

New Mailing Address:

FEI Number: 57-1137514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SQUIRES, ROBIN K
2860 SLAUGHTER ROAD
PERRY, FL 32347

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: D,P ( ) Delete
Name: SQUIRES, ROBIN
Address: 2107 HIDDEN GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: V ( ) Delete
Name: KRAFT, KEVIN
Address: 2107 HIDDEN GROVE LANE
City-St-Zip: MERRITT ISLAND, FL 32953

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: S ( ) Change (X) Addition
Name: MUDRICK, FRANK
Address: 2862 SLAUGHTER ROAD
City-St-Zip: PERRY, FL 32347

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ROBIN SQUIRES D,P 01/18/2004

Electronic Signature of Signing Officer or Director — Date