2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008
Secretary of State

DOCUMENT# P02000112468

Entity Name: ASAAP, INC.

Current Principal Place of Business:

3418 NW 44TH STREET
JASPER, FL 32052

New Principal Place of Business:

Current Mailing Address:

3418 NW 44TH STREET
JASPER, FL 32052

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
3418 NW 44TH STREET
JASPER, FL 32052 US

Name and Address of New Registered Agent:

SQUIRES, BUFFEY L
3418 NW 44TH STREET
JASPER, FL 32052 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: BUFFEY SQUIRES 01/31/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D,P ( ) Delete
Name: SQUIRES, ROBIN K
Address: 3418 NW 44TH STREET
City-St-Zip: JASPER, FL 32052

Title: V ( ) Delete
Name: SQUIRES, BUFFEY
Address: 3418 NW 44TH STREET
City-St-Zip: JASPER, FL 32052

Title: S ( ) Delete
Name: SQUIRES, THURSTON J
Address: 3418 NW 44TH STREET
City-St-Zip: JASPER, FL 32052

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D,P (X) Change ( ) Addition
Name: SQUIRES, BUFFEY L
Address: 3418 NW 44TH STREET
City-St-Zip: JASPER, FL 32052

Title: V (X) Change ( ) Addition
Name: SQUIRES, ROBIN K
Address: 3418 NW 44TH STREET
City-St-Zip: JASPER, FL 32052

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: ROBIN SQUIRES V 01/31/2008
Electronic Signature of Signing Officer or Director Date