2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000112468

Entity Name: ASAAP, INC.

FILED Jan 21, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3418 NW 44TH STREET 3414 NW 44TH STREET JASPER, FL 32052 JASPER, FL 32052

Current Mailing Address: New Mailing Address:

3418 NW 44TH STREET 3414 NW 44TH STREET JASPER, FL 32052 JASPER, FL 32052

FEI Number: 57-1137514 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:

SQUIRES, BUFFEY L SQUIRES, BUFFEY L 3418 NW 44TH STREET 3414 NW 44TH STREET JASPER, FL 32052 JASPER, FL 32052

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: 01/21/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition SQUIRES, BUFFEY L SQUIRES, BUFFEY L Name: Name: 3418 NW 44TH STREET 3414 NW 44TH STREET Address: Address: City-St-Zip:

JASPER, FL 32052 JASPER, FL 32052 City-St-Zip:

Title: Title: (X) Change () Addition () Delete SQUIRES, ROBIN K Name: Name: SQUIRES. ROBIN K

3418 NW 44TH STREET 3414 NW 44TH STREET Address: Address: JASPER, FL 32052 JASPER, FL 32052 City-St-Zip: City-St-Zip:

Title: (X) Change () Addition Title: () Delete

SQUIRES, THURSTON J Name: SQUIRES, THURSTON J Name: 3418 NW 44TH STREET 3414 NW 44TH STREET Address: Address: City-St-Zip: JASPER, FL 32052 City-St-Zip: JASPER, FL 32052

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: BUFFEY SQUIRES DP 01/21/2009