2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2007 8:00 am
Secretary of State
05-09-2007 90104 044 ***158.75

DOCUMENT # P02000114302

1. Entity Name
AYRS INC.

Principal Place of Business	Mailing Address
2186 CYPRESS LANDING DR JACKSONVILLE, FL 32233	2186 CYPRESS LANDING DR JACKSONVILLE, FL 32233

04252007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #	3. Mailing Address
14162 Pleasant PT LN	14162 Pleasant PT LN
Suite, Apt #, etc	Suite, Apt #, etc
Jacksonville, FL	Jacksonville, FL
City & State	City & State
Zip: 32225 Country: Duval	Zip: 32225 Country: Duval

4. FEI Number: 75-3084655 — Applied For / Not Applicable

5. Certificate of Status Desired [X] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AYRS, KILCHA K 2186 CYPRESS LANDING DR JACKSONVILLE, FL 32233	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 ____________________

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PTD [ ] Delete	TITLE	PTD [X] Change [ ] Addition
NAME	AYRS, KILCHA K	NAME	Ayrs, Kilcha K
STREET ADDRESS	2186 CYPRESS LANDING DR	STREET ADDRESS	14162 Pleasant PT LN
CITY-ST-ZIP	JACKSONVILLE, FL 32233	CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	VSD [ ] Delete	TITLE	VSD [X] Change [ ] Addition
NAME	AYRS, JAMES D	NAME	Ayrs, James D
STREET ADDRESS	2186 CYPRESS LANDING DR	STREET ADDRESS	14162 Pleasant PT LN
CITY-ST-ZIP	JACKSONVILLE, FL 32233	CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: James D Ayrs 4/26/07 904 6475747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR