## 2008 FOR PROFIT CORPORATION

## ANNUAL REPORT FILED Apr 07, 2008 08:00 Al Secretary of State **DOCUMENT # P02000132251** 1. Entity Name AAS SERVICES INC. Principal Place of Business Mailing Address 1554 S FT. HARRISON AVE. 1554 S FT. HARRISON AVE. CLEARWATER, FL 33756 CLEARWATER, FL 33756 CR2E034 (11/05) No Chg-P 01292008 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3665413 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERLEY, OLIVER DO NOT WRITE 1554 S FT. HARRISON AVE. CLEARWATER, FL 33756 IN THIS SPACE 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or punted name of registered agent and tatle if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 10 OFFICERS AND DIRECTORS PD TITLE ACKERLEY, OLIVER NAME STREET ADDRESS 1554 S FT. HARRISON AVE. CITY-ST-ZIP CLEARWATER, FL 33756 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME . STREET ADDRESS 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 attachmer with all other like empowered.

SIGNATURE

TITLE NAME STREET ADDRESS CITY-ST-ZIP

OFFICER OR DIRECTOR