2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# P03000001482

Entity Name: ASSOCIATION SOLUTIONS OF CENTRAL FLORIDA, INC.

Current Principal Place of Business:

231 RUBY AVE
SUITE A
KISSIMMEE, FL 34741 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452847
KISSIMMEE, FL 34744 US

New Mailing Address:

P.O. BOX 452847
KISSIMMEE, FL 34745 US

FEI Number: 14-1866851 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GARAY, MINETTA
231 RUBY AVE
SUITE A
KISSIMMEE, FL, FL 34741 US

Name and Address of New Registered Agent:

HILLS, MARK
231 RUBY AVE
SUITE A
KISSIMMEE, FL, FL 34741 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: MARK HILLS 04/28/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: HILLS, MARK
Address: PO BOX 452847
City-St-Zip: KISSIMMEE, FL 347452847 US

Title: STD ( ) Delete
Name: GARAY, MINETTA
Address: PO BOX 452847
City-St-Zip: KISSIMMEE, FL 34745 US

Title: VPD ( ) Delete
Name: HILLS, NANCY
Address: PO BOX 452847
City-St-Zip: KISSIMMEE, FL 34745 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: HILLS, MARK
Address: PO BOX 452847
City-St-Zip: KISSIMMEE, FL 34745 US

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

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: MINETTA GARAY STD 04/28/2008
Electronic Signature of Signing Officer or Director Date