

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000001482

FILED  
Apr 09, 2009  
Secretary of State

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 34745 US

## New Mailing Address:

231 RUBY AVE  
SUITE A  
KISSIMMEE, FL 34741 US

FEI Number: 14-1866851

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HILLS, MARK  
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 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

04/09/2009

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 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: 231 RUBY AVENUE SUITE A  
City-St-Zip: KISSIMMEE, FL 34741 US

Title: STD (X) Change ( ) Addition  
Name: HILLS, NANCY  
Address: 231 RUBY AVENUE SUITE A  
City-St-Zip: KISSIMMEE, FL 34741 US

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: MARK HILLS

PD

04/09/2009

Electronic Signature of Signing Officer or Director

Date