

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000077161

Entity Name: AAC MARINESURVEYOR.COM, INC.

FILED
Mar 31, 2007
Secretary of State

Current Principal Place of Business:

2333 KNOLL AVE N
PALM HARBOR, FL 34683

New Principal Place of Business:

Current Mailing Address:

2333 KNOLL AVE N
PALM HARBOR, FL 34683

New Mailing Address:

FEI Number: 58-2676992

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEINER, ARLEN M
2333 KNOLL AVE N
PALM HARBOR, FL 34683 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEINER, ARLEN M CED
Address: 2333 KNOLL AVE. NO
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP () Delete
Name: LEINER, CAROL H CEO
Address: 2333 KNOLL AVE. NO
City-St-Zip: PALM HARBOR, FL 34683 US

Title: ST () Delete
Name: LEINER, ANGELA
Address: 2333 KNOLL AVENUE NORTH
City-St-Zip: PALM HARBOR, FL 34683

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: LEINER, ARLEN M CED
Address: 2333 KNOLL AVE. NO
City-St-Zip: PALM HARBOR, FL 34683 US

Title: VP (X) Change () Addition
Name: LEINER, CAROL A CEO
Address: 2333 KNOLL AVE. NO
City-St-Zip: PALM HARBOR, FL 34683 US

Title: ST (X) Change () Addition
Name: LEINER, ANGELA L EO
Address: 719 58TH ST SO
City-St-Zip: GULFPORT, FL 33719

I hereby certify that the information supplied with this filing does not qualify for the 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: ARLEN M LEINER

PRES

03/31/2007

Electronic Signature of Signing Officer or Director

Date