**FILED**
**May 01, 2006 08:00 AM**
**Secretary of State**

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000105750

1. Entity Name
A.A.S.P, INC

| Principal Place of Business | Mailing Address |
|---|---|
| 10401 U.S HWY 441<br>LEESBURG, FL 34788 US | 10401 U.S HWY 441<br>LEESBURG, FL 34788 US |

04262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-0266943

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BHIMANI, AMIRALI
10401 U.S HWY 441
LEESBURG, FL 34788

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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 _____ DATE
Signature, typed or printed name of registered agent and date as applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2006 Fee will be $550.00**

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

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P,D |
| NAME | BHIMANI, AMIRALI |
| STREET ADDRESS | 10401 U.S HWY 441 |
| CITY-ST-ZIP | LEESBURG, FL 34788 |
| TITLE | VP |
| NAME | BHIMANI, AMINA A |
| STREET ADDRESS | 1 U S HWY 441 |
| CITY-ST-ZIP | LEESBURG, 34788 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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05/15/06-80052-018 158.75

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11. 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 added, or attached with an address, with all other like empowered.

SIGNATURE: Amiralibhimani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #