

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

9/12/2005-90001-044-\$158.75-\$158.75

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<b>DOCUMENT # P04000060354</b> 1. Entity Name <b>AYS, INC.</b>			
Principal Place of Business <b>1207 CARLTON ARMS CIRCLE BRADENTON, FL 34208</b>		Mailing Address <b>1207 CARLTON ARMS CIRCLE BRADENTON, FL 34208</b>	
2. Principal Place of Business <b>4209 11TH AVE EAST</b> Suite, Apt. #, etc.		3. Mailing Address <b>4209 11TH AVE EAST</b> Suite, Apt. #, etc.	
City & State <b>BRADENTON, FLORIDA</b> Zip <b>34208</b>		City & State <b>BRADENTON, FLORIDA</b> Zip <b>34208</b>	
Country <b>U.S.A.</b>		Country <b>U.S.A.</b>	
4. FEI Number <b>20-1060514</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LEE, RICHARD V SUNTRUST CENTER 1001 THIRD AVENUE WEST, SUITE 350 BRADENTON, FL 34205</b>		7. Name and Address of New Registered Agent Name <b>GLORIA HOUSE</b> Street Address (P.O. Box Number is Not Acceptable) <b>4209 11TH AVENUE EAST</b> City <b>BRADENTON</b> FL Zip Code <b>34208</b>	
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 <u><i>Gloria House</i></u> DATE <u>12-6-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D HOUSE, JOHN E 1207 CARLTON ARMS CIRCLE BRADENTON, FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD HOUSE, GLORIA N 1207 CARLTON ARMS CIRCLE BRADENTON, FL 34208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RYAN, JOAN H 3301 19TH AVENUE WEST BRADENTON, FL 34205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attachment with an address with all other like empowered.			
SIGNATURE: <u><i>Gloria House</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>9-7-05</u> Daytime Phone # <u>941 750-9124</u>	

ATTACHMENT  
50066307

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Division of Corporations  
P.O. Box 1500  
Tallahassee, Fl 32302-1500

Dear Sir/ Madam:

Re: P04000060354 -- AYS Inc

Enclosed please find my annual report together with  
A check for \$158.75.

I did not receive notices concerning this report, I recently  
did receive one dated for September 7<sup>th</sup>,  
This could be due to a change of address which I have  
written on the form.

I apologize that this was filed last minute, but I am  
requesting should there be any additional charge, I would  
appreciate if you could waiver it, as I also was taken to  
the hospital due to having a serious fall causing serious  
head injury with concussion. This has caused a major  
delay on my daily activities and paperwork.

I will date stamp the envelope for the 7<sup>th</sup> of September and  
trust this will keep our new corporation in good standing.

Thank you,

Gloria House  
Vice President