

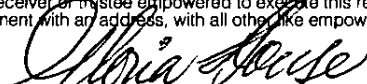


**FILED**  
**May 22, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000060354</b>			
1. Entity Name AYS, INC.			
Principal Place of Business 4209 11TH AVE. EAST BRADENTON, FL 34208		Mailing Address 4209 11TH AVE. EAST BRADENTON, FL 34208	
<b>DO NOT WRITE IN THIS SPACE</b>			
		05072008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 20-1060514	
		Applied For 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  HOUSE, JOHN E 4209 11TH AVENUE EAST BRADENTON, FL 34208		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$550.00 Due by September 12, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOUSE, JOHN E 1207 CARLTON ARMS CIRCLE BRADENTON, FL 34208		
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	S RYAN, JOAN H 3301 19TH AVENUE WEST BRADENTON, FL 34205		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5-15-08 941250-9127	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	