2008 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P05000017833

1. Entity Name

ALWAYS AVALIABLE SERVICE INCORPORATED



FILED Mar 17, 2008 08:00 A Secretary of State

Principal Place of Business

1620 S. OCEAN BLVD.

SUITE 21

LAUDERDALE BY THE SEA, FL 33062-7702

Mailing Address

1620 S. OCEAN BLVD.

SUITE 21

LAUDERDALE BY THE SEA, FL 33062-7702



03032008

No Chg-P

CR2E034 (11/05)

FEI Number
 20-2189869

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

WEIMER, R JAN 1620 S. OCEAN BLVD. SUITE 21

TAUDERDALE BY THE SEA EL 33062-7702

DO NOT WRITE IN THIS SPACE

2.652.167.12 51.11.2 53.11.12 53.02 11.32			
8. The above named entity submits this statement for the pathe obligations of registered agent.	ourpose of changing its register	ed office or registered agent, or bot	h, in the State of Florida. I am familiar with, and accept
Signature, typed or printed name of registered agent and talle if applicable (NOTE: Registered		ed Agent signature required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution	ncing \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE D NAME WEIMER, R. JAN STREET ADDRESS 1620 S. OCEAN BLVD. CITY-ST-ZIP LAUDERDALE BY THE SEA, FL 3306	627702		0000000860871 04702708+80080-016 150.00
NAME STREET ADDRESS CITY- ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ĎO	NOT WRITE
TITLE NAME STREET ADDRESS CITY- ST- ZIP			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY_ST_7IP			

12: I nereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

7-14-09

De

Daytime Phone ≢