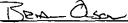
## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## ANNUAL REPORT Jan 25, 2007 08:00 AM **DOCUMENT # P05000019829 Secretary of State** 1. Entity Name ASSÓCIATED SERVICES & PRODUCTS INC Principal Place of Business Mailing Address 1815 BROWN STREET 1454 TURKEY LN KISSIMMEE, FL 34741 KISSIMMEE, FL 34746 01092007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2341416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE FMI ACCOUNTING SERVICE 2343 HEATHER AVE IN THIS SPACE KISSIMMEE, FL 34744 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 П Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE OLSON, BRIAN NAME V00000603005 1454 TURKEY LN STREET ADDRESS KISSIMMEE, FL 34746 CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

12. I hereby certify that the information supplied with this filling does not quality 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.

| SIG | N | AT | U | R | E: |
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|-----|---|----|---|---|----|

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



BEIAN CLEON

1-8-07

321-624-2349

Daytime Phone

**FILED**