## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P06000012384

Entity Name: AFFORDABLE EXPRESS GUTTER SERVICES INC

FILED Apr 26, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Cilrrent Principal Place of Bliginess	NAW Principal Place of Kilsiness

613 SW BILTMORE ST. SUITE 102 5370 NW AKBAR TERRACE PORT ST LUCIE, FL 34983 PORT ST LUCIE, FL 34986

Current Mailing Address: New Mailing Address:

PO BOX 880534 PO BOX 880534

PORT ST LUCIE, FL 34986 PORT ST LUCIE, FL 34988 US

FEI Number: 20-3882774 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CLARKE, FABIAN O'HEARN, JAMES J
5370 NW AKBAR TERR 2466 NE 17TH COURT
PORT ST LUCIE, FL 34986 US JENSEN BEACH, FL 34957 US

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.

SIGNATURE: JAMES J O'HEARN 04/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 CLARKE, FABIAN
 Name:
 CLARKE, FABIAN

 Address:
 5370 NW AKBAR TERRACE
 Address:
 5370 NW AKBAR TERRACE

 City-St-Zip:
 PORT ST LUCIE, FL 34986 US
 City-St-Zip:
 PORT ST LUCIE, FL 34986 US

Title: PRES (X) Delete Title: ( ) Change ( ) Addition

 Name:
 WALKER, ALEX
 Name:

 Address:
 5720 CULLOM COURT
 Address:

 City-St-Zip:
 PORT ST LUCIE, FL 34986
 City-St-Zip:

Title: SEC (X) Delete Title: ( ) Change ( ) Addition

 Name:
 CLARKE, MELANIE L
 Name:

 Address:
 5370 NW AKBAR TERR
 Address:

 City-St-Zip:
 PORT SAINT LUCIE, FL 34986
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABIAN CLARKE P 04/26/2009