
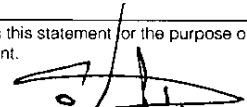
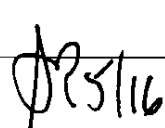
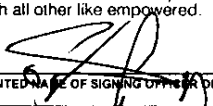


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P06000118183						FILED 07 MAY -7 AM 7:47 ALAHAHSEE, FLORIDA	
1. Entity Name A-AAA LOCKSMITH OF CENTRAL FLORIDA, INC.							
Principal Place of Business 5338 LOS PALMA VISTA DR. ORLANDO, FL 32837				Mailing Address 5338 LOS PALMA VISTA DR. ORLANDO, FL 32837			
2. Principal Place of Business - No P.O. Box # 7611 S ORANGE BLOSSOM TRAIL Suite, Apt. #, etc. 353		3. Mailing Address 7611 S ORANGE BLOSSOM TRAIL Suite, Apt. #, etc.					
City & State ORLANDO FL		City & State ORLANDO FL		4. FEI Number 20-5541516		Applied For Not Applicable	
Zip 32809		Country U.S.		Zip 32809		Country U.S.	
6. Name and Address of Current Registered Agent BENNAIM, SHAY 5338 LOS PALMA VISTA DR. ORLANDO, FL 32837				7. Name and Address of New Registered Agent Name: BENO OREN Street Address (P.O. Box Number is Not Acceptable): 1150 LAKE SHADOW CIR # 3201 City: MAITLAND FL Zip Code: 32751			
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: 				DATE: 5/3/07			
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENNAIM, SHAY 5338 LOS PALMA VISTA DR. ORLANDO, FL 32837	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. OREN BENO 1150 LAKE SHADOW CIRCLE #3201 MAITLAND FL 32751		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SHAY, BENNAIM 5338 LOS PALMA VISTA DR. ORLANDO, FL 32837	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	400103098354 05/23/07--01017--018 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: 				DATE: 5/3/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #			