

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000142501

FILED
Jul 20, 2009
Secretary of State

Entity Name: A & E RESTORATION & CONSTRUCTION SERVICES, INC.

Current Principal Place of Business:

5091 SARAH TERRACE
NORTH PORT, FL 34286

New Principal Place of Business:

2649 SNOWFLAKE LN
NORTH PORT, FL 34286

Current Mailing Address:

3821-B TAMiami TRL
PMB-113
PORT CHARLOTTE, FL 33952

New Mailing Address:

2649 SNOWFLAKE LN
NORTH PORT, FL 34286

FEI Number: 20-5867695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBINSON, EDWARD G
5091 SARAH TERRACE
NORTH PORT, FL 34286 US

Name and Address of New Registered Agent:

ROBINSON, EDWARD G
2649 SNOWFLAKE LN
NORTH PORT, FL 34286 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: _____

Electronic Signature of Registered Agent

07/20/2009

Date

OFFICERS AND DIRECTORS:

Title: P, T () Delete
Name: ROBINSON, EDWARD G
Address: 5091 SARAH TERRACE
City-St-Zip: NORTH PORT, FL 34286

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P, T (X) Change () Addition
Name: ROBINSON, EDWARD G
Address: 2649 SNOWFLAKE LN
City-St-Zip: NORTH PORT, FL 34286

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: EDWARD G ROBINSON

Electronic Signature of Signing Officer or Director

P, T

07/20/2009

Date