2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2009
Secretary of State

DOCUMENT# P07000041953

Entity Name: AVAILABLE ASSEMBLERS INC.

Current Principal Place of Business:

10898 110TH AVENUE NORTH
LARGO, FL 33778 US

New Principal Place of Business:

Current Mailing Address:

10898 110TH AVENUE NORTH
LARGO, FL 33778 US

New Mailing Address:

FEI Number: 20-8864336 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

AVITABLE, ARMOND A
10898 110TH AVENUE NORTH
LARGO, FL 33778 US

Name and Address of New Registered Agent:

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 Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: S (X) Delete
Name: AVITABLE, CHRISTOPHER
Address: 10898 NORTH AVE NOTH
City-St-Zip: LARGO, FL 33778 US

Title: TRES (X) Delete
Name: AVITABLE, CHRISTINA
Address: 10898 110TH AVENUE NORTH
City-St-Zip: LARGO, FL 33778 US

Title: P ( ) Delete
Name: AVITABLE, ANTIONETTE
Address: 10848 110 TH AVE NORTH
City-St-Zip: LARGO, FL 33778 US

Title: DIR ( ) Delete
Name: AVITABLE, ARMOND A
Address: 10898 110TH AVENUE NORTH
City-St-Zip: LARGO, FL 33778 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
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: ARMOND AVITABLE DIR 02/26/2009

Electronic Signature of Signing Officer or Director Date