2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008
Secretary of State

DOCUMENT# P07000060808

Entity Name: AAA SCHOOL OF DENTAL ASSISTING INC

Current Principal Place of Business:

2417 SOUTH FRENCH AVE
SANFORD, FL 32771

New Principal Place of Business:

Current Mailing Address:

2417 SOUTH FRENCH AVE
SANFORD, FL 32771

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUINN, LILLIE
2417 SOUTH FRENCH AVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

BALSAM, CHERYL
2417 SOUTH FRENCH AVE
SANFORD, FL 32771 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: BASIM ABED 05/05/2008
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: QUINN, LILLIE
Address: 2417 SOUTH FRENCH AVE
City-St-Zip: SANFORD, FL 32771

Title: V ( ) Delete
Name: BALSAM, CHERYL
Address: 335 BROOKHAVEN PL
City-St-Zip: LAKE MARY, FL 32746

Title: S ( ) Delete
Name: ABED, BASIM
Address: 335 BROOKHAVEN PL
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WASHINGTON, ROSEVELT
Address: 2417 SOUTH FRENCH AVE
City-St-Zip: SANFORD, FL 32771

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: BASIM ABED S 05/05/2008
Electronic Signature of Signing Officer or Director Date