2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000082666

Entity Name: AMERICAN SECURITY ASSOCIATES, INC

FILED Apr 17, 2008 Secretary of State

analy Name: AMERICAN SESSION ACS.						
Current Principal Place of Business:			New Princi	New Principal Place of Business:		
101 NE 3R	D AVE					
1500 FORT LAU	DERDALE, F	L 33301				
Current Mailing Address:			New Mailir	ing Address:		
101 NE 3R 1500						
	DERDALE, F					
FEI Number:	87-0806470	FEI Number Applied For () FE	l Number Not Appli	licable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name and				Address of New Registered Agent:		
VARONA, ANTHONY 101 NE 3RD AVE 1500 FORT LAUDERDALE, FL 33301 US						
The above in the State	named entity : of Florida.	submits this statement for the purpo	se of changing it	its registered office or registered agent, or both,		
SIGNATUR	E:					
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VARONA, ANTH	Delete HONY VE SUITE 1500 RDALE, FL 33301	Title: Name: Address: City-St-Zip:	P (X) Change () Addition VARONA, ANTHONY 101 N.E. 3 AVENUE, SUITE 1500 FORT LAUDERDALE, FL 33301		
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	VP () Change (X) Addition VARONA, LAUREANO A 101 N.E. 3 AVENUE, SUITE 1500 FT. LAUDERDALE, FL 33301		
Title: Name: Address: City-St-Zip:) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Addition SKVERECKAS, ALDA 101 N.E. 3 AVENUE, SUITE 1500 FT. LAUDERDALE, FL 33301		

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: LAUREANO A. VARONA VP 04/17/2008