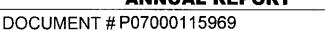
## ANNUAL REPORT

## 2008 FOR PROFIT CORPORATION



ASP SPECIAL INVESTMENT MANAGEMENT CORP.



151 MARY ESTHER BLVD. **SUITE 312** MARY ESTHER, FL 32569

2. Principal Place of Business - No P.O. Box #

1. Entity Name

SIĞNATURE

Principal Place of Business

Mailing Address

3. Mailing Address

151 MARY ESTHER BLVD. **SUITE 312** 

MARY ESTHER, FL 32569

60032204



DATE

Apr 30, 2008 8:00 am Secretary of State

04-30-2008 90159 023 \*\*\*150.00

Suite, Apt. #, etc. Suite, Apt. #, etc. 04282008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name POWELL, AVA S Street Address (P.O. Box Number is Not Acceptable) 151 MARY ESTHER BLVD. **SUITE 312** MARY ESTHER, FL 32469 City Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00

Signature, typed or printed name of registered agent and title if applicable

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete THLE Change ☐ Addition POWELL, AVA S NAME NAME 151 MARY ESTHER BLVD., SUITE 312 STREET ADDRESS STREET ADDRESS MARY ESTHER, FL 32469 CITY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete MUE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CHY SI ZIP ☐ Oelele THILE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COLY - ST - ZIP Delete \_\_\_ Change Addition 1000 F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 attaching nt with an address, with all other like empowered

SIGNATURE:

bra5(bruell SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-08