2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000084106

City-St-Zip:

City-St-Zip:

Title:

Name: Address: JACKSONVILLE, FL 32207

OSBORNE, BRUCE E JR

37777 LILLY ROAD NORTH

JACKSONVILLE, FL 32207

(X) Delete

FILED Jan 27, 2009 Secretary of State

Entity Name: AAA ALLIANCE ENTERPRISES, INC **Current Principal Place of Business: New Principal Place of Business:** 9782 NIMITZ COURT SOUTH JACKSONVILLE, FL 32246 **Current Mailing Address: New Mailing Address:** 9782 NIMITZ COURT SOUTH JACKSONVILLE, FL 32246 FEI Number: 38-3789886 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUDNALL, BRENDA J 9782 NIMITZ COURT SOUTH JACKSONVILLE, FL 32246 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HUDNALL, BRENDA J HUDNALL, BRENDA J Name: Name: 9782 NIMITZ COURT SOUTH 9782 NIMITZ COURT SOUTH Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 City-St-Zip: JACKSONVILLE, FL 32246 Title: Title: SD (X) Change () Addition () Delete Name: HUDNALL, TIMOTHY L Name: HUDNALL, TIMOTHY L 9782 NIMITZ COURT SOUTH 9782 NIMITZ COURT SOUTH Address: Address: JACKSONVILLE, FL 32246 JACKSONVILLE, FL 32246 City-St-Zip: City-St-Zip: () Delete Title: Title: (X) Change () Addition VD OSBORNE, RUTH A HUDNALL, WILLIAM J SR Name: Name: 37777 LILLY ROAD NORTH 1861 SR 20 Address: Address:

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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

HAWTHORNE, FL 32640

() Change () Addition

SIGNATURE: BRENDA J. HUDNALL **VPD** 01/27/2009