

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000102167

FILED
May 18, 2009
Secretary of State

Entity Name: AFFORDABLE CELLULAR REPAIR INC.

Current Principal Place of Business:

401 W. BURLEIGH BLVD
TAVARES, FL 32778 US

New Principal Place of Business:

Current Mailing Address:

401 W. BURLEIGH BLVD
TAVARES, FL 32778 US

New Mailing Address:

FEI Number: 26-3737962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MACHAMER, JIM
401 W. BURLEIGH BLVD
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

MILLER, MELINDA L
401 W. BURLEIGH BLVD
TAVARES, FL 32778 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: MELINDA L MILLER

05/18/2009

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: DIR () Delete
Name: MILLER, MELINDA
Address: 401 W. BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778 US

Title: DIR () Delete
Name: HIGHFILL, MELISSA
Address: 401 W. BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MILLER, MELINDA
Address: 401 W. BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778 US

Title: VP (X) Change () Addition
Name: HIGHFILL, MELISSA
Address: 401 W. BURLEIGH BLVD
City-St-Zip: TAVARES, FL 32778 US

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: MELINDA L MILLER

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05/18/2009

Electronic Signature of Signing Officer or Director

Date