2008 FOR PROFIT CORPORATION

ANNUAL REPORT FILED Apr 07, 2008 08:00 A Secretary of State DOCUMENT # P95000048015 1. Entity Name OFI/AAA, INC. Principal Place of Business Mailing Address 1400 SAILBOAT CIRCLE 1400 SAILBOAT CIRCLE WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 03032008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0589959 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent OSTRY, JERRY DO NOT WRITE 11985 SOUTHERN BLVD. 200 IN THIS SPACE ROYAL PALM BEACH, FL 33411 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. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. **PSTD** OSTRY, JERRY K NAME STREET ADDRESS 1400 SAILBOAT CIRCLE WEST PALM BEACH, FL 33414 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIE IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing 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 attachment with an address, with all other like empowered.

SIGNATURE:

TITLE NAME . STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jerry Ostry

04/05/2008

800-344-0335

Daytime Phone #