2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 22, 2007 08:00 AM **Secretary of State** DOCUMENT # P95000055367 1. Entity Name A1A SELF STORAGE, INC. Principal Place of Business Mailing Address 1040 AIA HWY NORTH 1682 E GUDE DR PONTE VEDRA BCH, FL 32082 US SUITE 201 ROCKVILLE, MD 20850 No Chg-P CR2E034 (11/05) 01152007 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3333051 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PEEK, DAVID H DO NOT WRITE 1301 RIVERPLACE BLVD **SUITE 1609** IN THIS SPACE JACKSONVILLE, FL 32207 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 signalure required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS DPS TITLE U000000596640 MORAN, F. ANDREW NAME 01/24/07-80004-010 150.00 300 INTERNATIONAL PKWY SUITE 270 STREET ADDRESS CITY-ST-ZIP HEATHROW, FL 32746 DVPT TITI F MORAN, RICHARD P JR NAME STREET ADDRESS 1682 E. GUDE DR SUITE 201 CTTY-ST-ZIP ROCKVILLE, MD 20850 TITLE NAME MORAN, SUSAN D. 1682 E. GUDE DR SUITE 201 STREET ADDRESS DO NOT WRITE ROCKVILLE, MD 20850 CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-7iP TITLE

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:

STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

- RICHARD P. MORAN JE.

15/07

301.762-1030

Daytime Phone #

FILED