

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000066498

Entity Name: ASA ACCUGRADE, INC.

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

PO BOX 915103
LONGWOOD, FL 327915103

New Principal Place of Business:

Current Mailing Address:

PO BOX 915103
LONGWOOD, FL 327915103

New Mailing Address:

FEI Number: 59-3346993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAGER, DIANE
141 SANDY OAKS PLACE
LONGWOOD, FL 32779 US

Name and Address of New Registered Agent:

HAGER, DIANE
2907 DUSA DR
UNIT J
MELBOURNE, FL 32934 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: DIANE HAGER

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HAGER, DIANE
Address: 141 SANDY OAKS PL
City-St-Zip: LONGWOOD, FL 32779

Title: S (X) Delete
Name: HAGER, DIANE
Address: 141 SANDY OAKS PL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HAGER, DIANE
Address: 2907 DUSA DR UNIT J
City-St-Zip: MELBOURNE, FL 32934

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DIANE HAGER

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date