## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P96000011253

TERLIZZI, GINA LYNN

TAMPA, FL 33611

4535 S DALE MABRY HWY

Name:

Address:

City-St-Zip:

FILED Jan 31, 2007 Secretary of State

Entity Na	me: AAA S	TORAGE TRAIL	ERS, INC.				
Current Principal Place of Business:				New Principal Place of Business:			
4535 S DA TAMPA, F	LE MABRY L 33611	HWY					
Current Mailing Address:				New Mailing Address:			
4535 S DA TAMPA, F	LE MABRY L 33611	HWY					
FEI Number	: 59-3362916	FEI Number	Applied For()	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	TIN JR, JIMI LE MABRY L 33611						
The above in the State	named enti e of Florida.	ty submits this s	tatement for the pu	rpose of changing i	s registere	ed office or registered agent, or both,	
SIGNATUI	RE:						
	Electi	onic Signature o	of Registered Ager	t		Date	
Election Car	mpaign Financ	ing Trust Fund Co	ontribution ( ).				
OFFICER	S AND DIRE	ECTORS:		ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTOR	tS:
Title: Name: Address: City-St-Zip:	PD SAN MARTIN 4535 S DAL TAMPA, FL	E MABRY HWY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD SAN MARTIN 4535 S DAL TAMPA, FL	E MABRY HWY		Title: Name: Address: City-St-Zip:		( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	SD KOSTO, MIC 4535 S DAL TAMPA, FL	E MABRY HWY		Title: Name: Address: City-St-Zip:	SD KOSTO, MI 4535 S DAI TAMPA, FL	LE MABRY HWY	
Title:	TD	( ) Delete		Title:	TD	(X) Change ( ) Addition	

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.

Name:

Address:

City-St-Zip:

TERLIZZI, GÍNÁ L

TAMPA, FL 33611

4535 S DALE MABRY HWY

SIGNATURE: JIMMY SAN MARTIN PD 01/31/2007