2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000091953

Entity Name: AMERICAN ASH RECYCLING CORP. OF PENNSYLVANIA

FILED Apr 16, 2009 Secretary of State

Current Principal Place of Business:			New Prince	New Principal Place of Business:	
6622 SOUTHPOINT DRIVE SOUTH SUITE 310 JACKSONVILLE, FL 32216			1072 ROOSEVELT AVENUE YORK, PA 17404		
Current Mailing Address:			New Maili	New Mailing Address:	
1072 ROOSEVELT AVENUE YORK, PA 17404					
FEI Number: 59-3448120 FEI Number Applied For ()		FEI Number Not Applicable () Certificate of Status Desired ()			
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
SMITH, GAMBRELL & RUSSELL, LLP 50 N. LAURA ST. SUITE 2600 JACKSONVILLE, FL 32202 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:					
Electronic Signature of Registered Agent Date					
Election Campaign Financing Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PST () DANIEL, MUELL 318 HUNTER PA HUMMELSTOW	ATH ROAD	Title: Name: Address: City-St-Zip:	PST (X) Change () Addition THOMAS, SEIDENBERGER 4 JEAN COURT KE NNETT SQUARE, PA 19348	
Title: Name: Address: City-St-Zip:	D () PINTO, VERNOI 505 WICKLOW BURLINGTON, G	ROAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ANDERSON, DE 3104 FIRST ST		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () VANDEMIERDE C/O 1233 DILLO BURLINGTON, O	N, JOHN	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	MORGAN, NIGE 3039 WOODLA	Delete :L ND PARK DRIVE DN L7N 1K8 CA	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: KIMBERLY M DUNBAR OM 04/16/2009