## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000070254

616 N. GOODRICH DRIVE

DELTONA, FL 32725

Address:

City-St-Zip:

FILED Apr 02, 2009 Secretary of State

Entity Name: AAFP SYSTEMS, INC. **Current Principal Place of Business: New Principal Place of Business:** 109 CONCORD DRIVE CASSELBERRY, FL 32707 **New Mailing Address: Current Mailing Address:** P.O. BOX 520279 109 CONCORD DRIVE LONGWOOD, FL 32752 CASSELBERRY, FL 32707 FEI Number: 59-3532762 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: HOFFMANN, KENNETH L 8953 BRIDGEPORT BAY CIRCLE MOUNT DORA, FL 32757 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: ( ) Delete Title: (X) Change ( ) Addition HOFFMANN, KENNETH L HOFFMANN, KENNETH L PRES Name: Name: 8953 BRIDGEPORT BAY CIRCLE 8953 BRIDGEPORT BAY CIRCLE Address: Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip: MOUNT DORA, FL 32757 Title: Title: () Change () Addition () Delete BOUCHER, GLEN Name: Name:

Address:

City-St-Zip:

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

SIGNATURE: KENNETH L HOFFMANN PRES 04/02/2009

above, or on an attachment with an address, with all other like empowered.