

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000091892

FILED
Apr 08, 2009
Secretary of State

Entity Name: ASSOCIATES UNLIMITED, INC.

Current Principal Place of Business:

3105 W. WATERS AVE.
SUITE 214
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

3105 W. WATERS AVE.,
SUITE 214
TAMPA, FL 33614

New Mailing Address:

FEI Number: 59-3540072

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESSINEO, CHRISTINA CEO
8905 ANNA MARIA WAY
ODESSA, FL 33556 US

Name and Address of New Registered Agent:

MESSINEO, CHRISTINA CEO
8905 ANNA MARIA WAY
214
ODESSA, FL 33556 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:

04/08/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: COO () Delete
Name: MESSINEO, ROBERT
Address: 8905 ANNA MARIA WAY
City-St-Zip: ODESSA, FL 33556

Title: P () Delete
Name: MESSINEO, CHRISTINA
Address: 8905 ANNA MARIA WAY
City-St-Zip: ODESSA, FL 33556

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT MESSINEO

COO

04/08/2009

Electronic Signature of Signing Officer or Director

Date