


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # <b>P99000065735</b>			
1. Entity Name <b>AAA STORAGE, INC.</b>			
Principal Place of Business <b>1401 WEST AVE A BELLE GLADE FL 33430</b>		Mailing Address <b>1401 WEST AVE A BELLE GLADE FL 33430</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/06)

<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>BARTON, LISA A 1401 W AVE A BELLE GLADE FL 33430</b>				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reissuing)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P <input type="checkbox"/> Delete <b>LEWIS, DORIS A</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000000674321</b>
STREET ADDRESS	<b>1401 W AVE A</b>	STREET ADDRESS	<b>03/29/07-80066-001 150.00</b>
CITY- ST- ZIP	<b>BELLE GLADE FL 33430</b>	CITY- ST- ZIP	
TITLE	VP <input type="checkbox"/> Delete <b>RIMES, LAURA A</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1401 WEST AVE A</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>BELLE GLADE FL 33430</b>	CITY- ST- ZIP	
TITLE	AT <input type="checkbox"/> Delete <b>BARTON, LISA A</b>	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>1401 W AVE A</b>	STREET ADDRESS	
CITY- ST- ZIP	<b>BELLE GLADE FL 33430</b>	CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa A. Barton Lisa H. Barton 561-996-3639  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #