2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2007 8:00 am Secretary of State DOCUMENT # P99000092656 04-26-2007 90217 020 ***158.75 1. Entity Name A.S.L.M., INC. Principal Place of Business Mailing Address 40000 10111 FOREST HILL BLVD., STE. 100 10111 FOREST HILL BLVD., STE. 100 WEST PALM BEACH, FL 33414 WEST PALM BEACH, FL 33414 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 10131 FOREST HILL BLUD 10131 Forest Hill Blud. Suite, Apt. #, etc. Suite, Apt. #, etc. 04242007 Chq-P CR2E034 (12/06) Suite-100A SUITE - 100 A City & State City & State 4. FEI Number Applied For WELLINGTON MELLINGTON FL 65-0961063 Not Applicable \$8.75 Additional 33414 5. Certificate of Status Desired A2 XI Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARULL, ELIZABETH MARULL, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 10111 FOREST HILL BLVD STE 100 WEST PALM BEACH, FL 33414 FOREST HILL BLUD SU ITE-100 A 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. /ELIZABETH \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. 82ES TITLE TITLE ☐ Delete ☐ Change Addition MARILL , ELIZABETH MARULL, ELIZABETH NAME NAME 10131 FOREST HILL BLUD., SUITE-100A STREET ADDRESS 10111 FOREST HILL BLVD STE 100 STREET ADDRESS CITY-ST-7IP WEST PALM BEACH, FL 33414 CITY-ST-ZIP WELLINGTON, FL 33414 VS TITLE □ Delete TITLE -Change ☐ Addition MARULL, ARMANDO NAME NAME MARULL, ARMANDO STREET ADDRESS 10111 FOREST HILL BLVD STREET ADDRESS 10131 FOREST HILL BLUD., SUITE-100A CITY-ST-2iP WEST PALM BEACH, FL 33414 CATY-ST-7IP WELLINGTON, ☐ Change TITLE ☐ Delete ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE noifihhA NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME 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 Chapter 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.

ELIZABETH

SIGNATURE:

FILED