
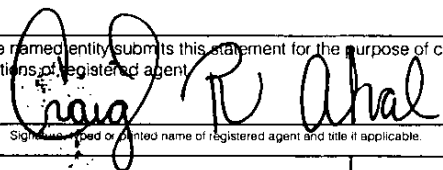
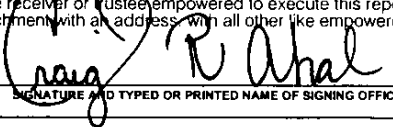


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90048 024 ***150.00

DOCUMENT # P99000097299 1. Entity Name AMERISWEEPS, INC.			
Principal Place of Business 5441 SW ORCHID BAY DR PALM CITY, FL 34990		Mailing Address 5441 SW ORCHID BAY DR PALM CITY, FL 34990	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2293 SW Martin Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. pmB # 243	
City & State		City & State Palm City, FL	
Zip	Country	Zip 34990	Country Martin
6. Name and Address of Current Registered Agent AHAL, CRAIG 5441 SW ORCHID BAY DR PALM CITY, FL 34990		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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:  President 1/18/08 <small>Signature of or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVST AHAL, CRAIG 5441 SW ORCHID BAY DR PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D AHAL, CRAIG 5441 SW ORCHID BAY DR PALM CITY, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.			
SIGNATURE: 		Date: 1/18/08 773-221-8040 <small>Daytime Phone #</small>	