## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2008 08:00 Al Secretary of State DOCUMENT # S49579 A A AND M ENTERPRISES, INC. ..... Principal Place of Business Mailing Address 15254 WESTMINISTER AVE. 15254 WESTMINISTER AVE. CLEARWATER, FL 33760 CLEARWATER, FL 33760 CR2E034 (11/05) 01032008 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3068855 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ARNOT, HELMUT O. DO NOT WRITE 15254 WESTMINISTER AVE CLEARWATER, FL 33760 IN THIS SPACE 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 $\Box$ Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE ARNDT, HEDWIG NAME STREET ADDRESS 15254 WESTMINISTER AVE. CITY-ST-ZIP CLEARWATER, FL 33760 000000795508 01/28/08-80050-023 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET AODRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 with all other like empowered.

SIGNATURE: 5

CITY-ST-ZIP

MATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED