## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S50569

City-St-Zip:

ALACHUA, FL 32615

Entity Name: ANCHOR AUDIO ACCESSORIES, INC.

FILED Jan 03, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place of	New Principal Place of Business:	
P.O. BOX 727 ALACHUA, FL 32616	US	9638 NW 153RD TERR/ ALACHUA, FL 32615	ACE US	
Current Mailing Address:		New Mailing Address:	New Mailing Address:	
P.O. BOX 727 ALACHUA, FL 32616	US			
FEI Number: 65-0255658	FEI Number Applied For ( ) FEI N	lumber Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:				
HOVSEPIAN, GREGOF 9756 NW 153RD TERR P.O. BOX 727 ALACHUA, FL 32616	RACE	HOVSEPIAN, GREGOR 9756 NW 153RD TERRA ALACHUA, FL 32615	ACE	
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: GREGO	PRY HOVSEPIAN		01/03/2008	
Electro	onic Signature of Registered Agent		Date	
Election Campaign Financing Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: PD (	) Delete	Title: (	) Change ( ) Addition	

HOVSEPIAN, GREGORY, Name: Name: Address: 9756 NW 153RD TERRACE. Address: City-St-Zip: ALACHUA, FL 32615 City-St-Zip: Title: ٧S () Delete Title: VS (X) Change ( ) Addition MAYS, TIM, Name: MAYS, TIM, Name: Address: 612 VIRGINA DR. Address: 682 S. GRAPEVINE PAMPLICO, SC 29583 PAMPLICO, SC 29583 City-St-Zip: City-St-Zip: Title: Title: ( ) Delete () Change () Addition Name: HOVSEPIAN, GREGORY, Name: Address: 9756 NW 153RD TERRACE Address:

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.

City-St-Zip:

SIGNATURE: GREGORY HOVSEPIAN PRES 01/03/2008