

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2008 8:00 am
Secretary of State

03-17-2008 90006 004 ***150.00

DOCUMENT # V22270
 1. Entity Name
AASYS GROUP, INC.



40040010

Principal Place of Business Mailing Address
5907 BRECKENRIDGE PKWY **5907 BRECKENRIDGE PKWY**
TAMPA, FL 33610 US **TAMPA, FL 33610 US**

2. Principal Place of Business - No P.O. Box # 3. Mailing Address
11301 U.S. Highway 301 N. **11301 U.S. Highway 301 N**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 106 **Suite 106**

City & State City & State
Thonotosassa, FL **Thonotosassa, FL**
 Zip Zip Country Country
33592 **33592** **US** **US**

03012008 Chg-P CR2E034 (12/06)

4. FEI Number Applied For
59-3117960 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
COLEMAN, TONY
5907 BRECKENRIDGE PKWY
TAMPA, FL 33610

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
11301 U.S. Highway 301 N
Suite 106
 City State Zip Code
Thonotosassa **FL** **33592**

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 reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete COLEMAN, TONY 5907 BRECKINGRIDGE PKWY TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete COLEMAN, TONY 5907 BRECKINGRIDGE PKWY TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete RAULERSON, DAN 2911 ASTON AVE PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coleman, Tony 11301 U.S. Highway 301 N., Suite 106 Thonotosassa, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Coleman, Tony 11301 U.S. Highway 301 N., Suite 106 Thonotosassa, FL 33592
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/08 813-752-4991
 Date Daytime Phone #