2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2008 08:00 AN Secretary of State

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1. Entity Name

AAA MORTGAGE LOANS & INVESTMENTS, INC.



Principal Place of Business

7901 4TH ST N

SUITE 306

ST PETERSBURG, FL 33702

Mailing Address

7901 4TH ST N SUITE 306

SUITE 306 ST PETERSBURG, FL 33702



DO NOT WRITE IN THIS SPACE

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No Chg-P

CR2E034 (11/05)

4. FEI Number 59-3145649

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LEE, RON 7901 4TH ST N SUITE 306 ST PETERSBURG, FL 33702

DO NOT WRITE IN THIS SPACE

	e named entity submits this statement for the ρ tions of registered agent.	iurpose of changing its registere	ed office or registered agent, or be	oth, in the State of Florida. T	am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and life if	f applicable. (NOTE: Registerer	d Agent signature required when reinstating)	DA	TE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	TORS		-l	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WAINER, JAY H 7901 4TH ST N SUITE 306 ST PETERSBURG, FL 33702			Hooooost o.	(ma
NAME SIREET ADDRESS CITY-ST-ZIP	V LEE, RONALD F 7901 4TH ST N SUITE 306 ST PETERSBURG, FL 33702			05/14/08-8000	153 04-023 150.00

DO NOT WRITE

TITLE
NAME
STREET ADDRESS
CITY-ST-Z/P

12.	Thereby 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 frue and accurate and that my signature shall have the same legal effect as if made under eath; 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 i
	changed, or on an attachment with an address, with all bither like empowered.

SIGNATURE:

TITLE

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

City-St-ZiP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dare

Daytime Priorie #