2007 FOR PROFIT GORPORATION ANNUAL REPORT

Apr 26, 2007 08:00 A Secretary of State DOCUMENT # P03000142700 1. Entity Name A1 AFFORDABLE MOBILITY CORP. Principal Place of Business Mailing Address 12006 BIG BEND ROAD 12006 BIG BEND ROAD RIVERVIEW, FL 33569 RIVERVIEW, FL 33569 CR2E034 (11/05) 04192007 -No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0458431 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE MANFRED MANNING, SANDRA L 12006 BIG BEND RD RIVERVIEW, FL 33569 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 000000733354 05/09/07-80082-014 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution Added to Fees OFFICERS AND DIRECTORS 10. **PSTD** TITLE MANFREDI-MANNING, SANDRA L NAME 12006 BIG BEND ROAD STREET ADDRESS RIVERVIEW, FL 33569 -CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE MAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE 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 his 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 expowered.

SIGNATURE

CITY-ST-ZIP

NAME .
STREET ADDRESS
GITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1502-178818 10-45-4

Daytime Phone

FILED