## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F00000006243

Entity Name: A.SUR NET, INC.

Address:

15950 WEST DIXIE HIGHWAY

City-St-Zip: NORTH MIAMI BEACH, FL 33162

FILED Apr 26, 2006 Secretary of State

Current Principal Place of Business:				New Principal Plac	New Principal Place of Business:	
	EST DIXIE HIGH MIAMI BEACH, F		US			
Current Mailing Address:				New Mailing Address:		
	EST DIXIE HIGH MAMI BEACH, F		US			
FEI Number	r: 65-1061048	FEI Numb	er Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Re	gistered Agent:	Name and Address	of New Registered Agent:	
1200 SOL PLANTAT The above	PORATION SYS JTH PINE ISLAN TON, FL 33324 e named entity s te of Florida.	ND ROAD US	s statement for the	purpose of changing its register	red office or registered agent, or both	
SIGNATU	IRE:					
	Electron	ic Signatur	e of Registered Ag	ent	Date	
Election Ca	ımpaign Financing	Trust Fund	Contribution ( ).			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Address: City-St-Zip:	PADDICK, BRE 15950 WEST D	IXIE HGWY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	PRES () SCOTT, PAUL 15950 WEST D N. MIAMI BEAC			Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	EVP () COLLINS, PETE 15950 WEST D N. MIAMI BEAC	IXIE HWY		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	CARTWRIGHT,			Title: Name:	( ) Change ( ) Addition	
Address: City-St-Zip:	15950 WEST D N MIAMI BEACH			Address: City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Address:

City-St-Zip:

SIGNATURE:	DEXTER CARTWRIGHT	VP	04/26/2006