

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000006243

FILED  
Jul 03, 2007  
Secretary of State

Entity Name: A.SUR NET, INC.

**Current Principal Place of Business:**

15950 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162 US

**New Principal Place of Business:**

**Current Mailing Address:**

15950 WEST DIXIE HIGHWAY  
NORTH MIAMI BEACH, FL 33162 US

**New Mailing Address:**

FEI Number: 65-1061048      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

UNITED CORPORATE SERVICES, INC.  
9200 SOUTH DADELAND BLVD, SUITE 508  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: PADDICK, BRENDAN  
Address: 15950 WEST DIXIE HGWY  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: PRES ( ) Delete  
Name: SCOTT, PAUL  
Address: 15950 WEST DIXIE HWY  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: EVP ( ) Delete  
Name: COLLINS, PETER  
Address: 15950 WEST DIXIE HWY  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: VP ( ) Delete  
Name: CARTWRIGHT, DEXTER  
Address: 15950 WEST DIXIE HWY  
City-St-Zip: N MIAMI BEACH, FL 33162

Title: SEC ( ) Delete  
Name: DITRAGLIA, KRISTIN  
Address: 15950 WEST DIXIE HIGHWAY  
City-St-Zip: NORTH MIAMI BEACH, FL 33162

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: DEXTER CARTWRIGHT

VP

07/03/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date