

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005795

FILED  
Jan 03, 2006  
Secretary of State

Entity Name: AXCESS TECHNOLOGY CORPORATION

## Current Principal Place of Business:

224 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

## New Principal Place of Business:

224 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082 US

## Current Mailing Address:

224 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082

## New Mailing Address:

224 PONTE VEDRA PARK DRIVE  
PONTE VEDRA BEACH, FL 32082 US

FEI Number: 87-0715746

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INCORP SERVICES, INC.  
18450 NE 2ND AVE  
MIAMI, FL 33179 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DODAK, MICHAEL J  
Address: 224 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: ST ( ) Delete  
Name: SURETTE, DAVID  
Address: 224 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete  
Name: MALAN, JURIE  
Address: 224 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: DODAK, MICHAEL J  
Address: 224 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ST (X) Change ( ) Addition  
Name: SURETTE, DAVID  
Address: 224 PONTE VEDRA PARK DRIVE  
City-St-Zip: PONTE VEDRA BEACH, FL 32082 US

Title: ( ) Change ( ) Addition  
Name:  
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.

SIGNATURE: SHARON JACKSON

ASST

01/03/2006

Electronic Signature of Signing Officer or Director

Date