2006 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # F99000004722

1. Entity Name
THYSSEN ACCESS CORP.



FILED Jul 17, 2006 08:00 AM Secretary of State

Principal Place of Business

4001 E. 138 STREET GRANDVIEW, MO 64030 Mailing Address

4001 E. 138 STREET GRANDVIEW, MO 64030



07072006

No Chg-P

CR2E034 (11/05)

4.	FEI Number
	43-1861064

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525

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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent sonature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006 9. Election Campaign Finance Trust Fund Contribution.		cing	\$5.00 May Be Added to Fees	In accordance with s. corporation did not rec	607.193(2)(b), F.S., the ceive the prior notice.			
10.	OFFICERS AND DIRECT	ORS	a	a ringer	at your off had been	J. 1967年1973年1日		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HANCE, THOMAS 4001 E. 138TH STREET GRANDVIEW, MO 64030							
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD HUSSEY, RICHARD T 15141 WHITTIER BLVD., SUITE 505 WHITTIER, CA 90603				2000000570800 07/19/06-20010-	023 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CONTI, WILLIAM J 1050 CONNECTICUT AVE., N.W., SUIT WASHINGTON, DC 20007	E 1100		and the second of the second	NOT WRI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS BRADFORD, RICHARD 4001 E. 138TH ST GRANDVIEW, MO 64030	;		IN	THIS SPAC	E		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						the first the state of the stat		

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 this 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 ke empowered.

SIGNATURE:

IIIU.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED PAME OF SIGNING OFFICER OF DISPECTOR

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