

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000154317

FILED
Apr 28, 2008
Secretary of State

Entity Name: ACCESS REVENUE SOLUTIONS, INC.

Current Principal Place of Business:

P. O. BOX 21947
TAMPA, FL 33622

New Principal Place of Business:

2919 W. SWANN AVENUE
SUITE 301
TAMPA, FL 33609

Current Mailing Address:

P. O. BOX 21947
TAMPA, FL 33622

New Mailing Address:

2919 W. SWANN AVENUE
SUITE 301
TAMPA, FL 33609

FEI Number: 20-1862133

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEBENEDICTIS, ANTHONY
P. O. BOX 21947
TAMPA, FL 33622 US

Name and Address of New Registered Agent:

DEBENEDICTIS, ANTHONY
2919 W. SWANN AVENUE
SUITE 301
TAMPA, FL 33609 US

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: ANTHONY DEBENEDICTIS

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DEBENEDICTIS, ANTHONY
Address: P. O. BOX 21947
City-St-Zip: TAMPA, FL 33622

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DEBENEDICTIS, ANTHONY
Address: 2919 W. SWANN AVENUE, SUITE 301
City-St-Zip: TAMPA, FL 33609

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: ANTHONY DEBENEDICTIS

D

04/28/2008

Electronic Signature of Signing Officer or Director

Date