

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000036414

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: ACCESS STRATEGIES, INC.

**Current Principal Place of Business:**

101 PILGRIM VILLAGE DRIVE  
SUITE 200  
CUMMING, GA 30040 US

**New Principal Place of Business:**

107 COLONY PARK DRIVE  
SUITE 600  
CUMMING, GA 30040 US

**Current Mailing Address:**

101 PILGRIM VILLAGE DRIVE  
SUITE 200  
CUMMING, GA 30040

**New Mailing Address:**

2659 FREEDOM PKWY  
#175  
CUMMING, GA 30041

FEI Number: 65-0911991

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STULL, R. JEFFREY DR  
392 REMINGTON DR  
OVIEDO, FL 32765 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: STULL, R. JEFFREY  
Address: 101 PILGRIM VILLAGE DRIVE  
City-St-Zip: CUMMING, GA 30040

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

Title: P (X) Change ( ) Addition  
Name: STULL, R. JEFFREY  
Address: 2659 FREEDOM PKWY, #175  
City-St-Zip: CUMMING, GA 30041

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: R JEFFREY STULL

P

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date