
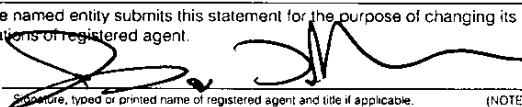
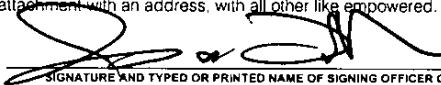


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90005 030 ***150.00

DOCUMENT # P99000093276			
1. Entity Name ASCENTIA HOLDINGS CORP.			
Principal Place of Business 240 S. PINEAPPLE AVE STE 400 SARASOTA, FL 34236 US		Mailing Address 240 S. PINEAPPLE AVE STE 400 SARASOTA, FL 34236 US	
2. Principal Place of Business - No P.O. Box # 3001 Founders Club Dr		3. Mailing Address 3001 Founders Club Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34240		Zip 34240	
Country		Country	
6. Name and Address of Current Registered Agent TALLMAN, JAMES A 240 S. PINEAPPLE AVE STE 400 SARASOTA, FL 34236		4. FEI Number 65-0952065	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of New Registered Agent		01042008 Chg-P CR2E034 (12/06)	
Name			
Street Address (P.O. Box Number is Not Acceptable) 3001 Founders Club Dr.			
City Sarasota		FL	
		Zip Code 34240	
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 		President	
		DATE 1/25/08	
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	NAME TALLMAN, JAMES A	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 240 S. PINEAPPLE STE 400	CITY-ST-ZIP SARASOTA, FL 34236	NAME 3001 Founders Club Dr,	
		STREET ADDRESS Sarasota, FL 34240	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
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 like empowered.			
SIGNATURE: 		President	
		DATE 1/25/08	
		Daytime Phone # 941-378-3983	