


**2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 05, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90025 004 \*\*\*150.00

|  |                        |                                 |   |   |                                   |
|--|------------------------|---------------------------------|---|---|-----------------------------------|
| <b>DOCUMENT # S99829</b>   |                        |                                 |   |                |                                   |
| 1. Entity Name<br><b>ANY TASK INC.</b>   |                        |                                 |   |   |                                   |
| Principal Place of Business<br><b>3259 NW 102 TERR<br/>CORAL SPRINGS FL 33065<br/>US</b>   |                        |                                 | Mailing Address<br><b>PO BOX 9442<br/>CORAL SPRINGS FL 33075</b>  |   |                                   |
| 2. Principal Place of Business - No P.O. Box #   |                        | 3. Mailing Address              |   |   |                                   |
| Suite, Apt. #, etc.  |                        | Suite, Apt. #, etc.             |   |   |                                   |
| City & State   |                        | City & State                    |   | 4. FEI Number<br><b>65-0300803</b>  |                                   |
| Zip  |                        | Country                         |   | Applied Fee<br>Not Applicable   |                                   |
| Zip  |                        | Country                         |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |                                   |
| 6. Name and Address of Current Registered Agent<br><b>POLL, RICHARD J.<br/>3259 NW 102 TERR<br/>CORAL SPRINGS FL 33065</b>   |                        |                                 | 7. Name and Address of New Registered Agent   |   |                                   |
| Name   |                        |                                 | Name  |   |                                   |
| Street Address (P.O. Box Number is Not Acceptable)   |                        |                                 | Street Address (P.O. Box Number is Not Acceptable)  |   |                                   |
| City   |                        |                                 | City  |   |                                   |
| FL   |                        |                                 | Zip Code  |   |                                   |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent (if applicable) NOTE: Registered Agent signature required when new state agent</small>   |                        |                                 |   |   |                                   |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2008 Fee Will Be \$550.00</b><br><b>Make Check Payable to Florida Department of State</b>  |                        |                                 | 9. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |                                   |
| 10. OFFICERS AND DIRECTORS   |                        |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11   |   |                                   |
| TITLE  | P                      | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   | POLL, RICHARD J.       |                                 | NAME  |   |                                   |
| STREET ADDRESS   | PO BOX 9442            |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  | CORAL SPRINGS FL 33075 |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                        |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                        |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                        |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                        |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                        |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                        |                                 | CITY-ST-ZIP   |   |                                   |
| TITLE  |                        | <input type="checkbox"/> Delete | TITLE   | <input type="checkbox"/> Change   | <input type="checkbox"/> Addition |
| NAME   |                        |                                 | NAME  |   |                                   |
| STREET ADDRESS   |                        |                                 | STREET ADDRESS  |   |                                   |
| CITY-ST-ZIP  |                        |                                 | CITY-ST-ZIP   |   |                                   |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: <u>Richard J. Poll (President)</u>  |                        |                                 | Richard J. Poll (President) 1/25/08   |   |                                   |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>  |                        |                                 | <small>Case No. 954-7552927</small>   |   |                                   |