I hereby 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 all other like empowered.

PD

SIGNATURE: VICKI L MURPHY

Electronic Signature of Signing Officer/Director Detail

DOCUMENT# P05000124315 Entity Name: ALTERNATIVE SYSTEMS DESIGN (ASD), INC.

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

11159 112TH STREET NORTH LARGO, FL 33778

Current Mailing Address:

11159112TH STREET NORTH LARGO, FL 33778

FEI Number: 51-0556197

Name and Address of Current Registered Agent:

Electronic Signature of Registered Agent

RIVES, HOWARD PIII,ESQ 1265 S MYRTLE AVENUE CLEARWATER, FL 33756 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:

Officer/Director Detail : Title PD Title VPD MURPHY, VICKI L Name Name STEPHENSON, JAMES Address 919 CASTLE POINT TERRACE Address 11159 112TH STREET NORTH City-State-Zip: HOBOKEN NJ 07030 LARGO FL 33778 City-State-Zip: Title SD Name RIVES, MARIE T Address 1265 S. MYRTLE AVENUE City-State-Zip: CLEARWATER FL 33756

Certificate of Status Desired: No

FILED Apr 20, 2015 Secretary of State CC1471062410

Date

04/20/2015

Date