2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# 503052

Entity Name: ACCESS MAIL PROCESSING SERVICES, INC.

Current Principal Place of Business:

14240 62ND ST N
CLEARWATER, FL 337602717

New Principal Place of Business:

Current Mailing Address:

14240 62ND ST N
CLEARWATER, FL 337602717

New Mailing Address:

FEI Number: 59-1725680 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BELL, AUDREY L.
3044 BRANCH DRIVE
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

BELL, ELIZABETH A PRES
14240 62ND ST N
CLEARWATER, FL 33760 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: ELIZABETH A BELL 01/29/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: BELL,AUDREY L.,
Address: 3044 BRANCH DRIVE
City-St-Zip: CLEARWATER, FL 33760

Title: PD ( ) Delete
Name: BELL, ELIZABETH,
Address: 14240 62ND ST N
City-St-Zip: CLEARWATER, FL 337602717

Title: T ( ) Delete
Name: BELL, KATHLEEN E
Address: 14240 62ND ST N
City-St-Zip: CLEARWATER, FL 337602717

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: BELL, AUDREY L
Address: 14240 62ND ST N
City-St-Zip: CLEARWATER, FL 337602717

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: ELIZABETH A BELL PD 01/29/2009
Electronic Signature of Signing Officer or Director Date