2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596572

Title:

Name:

Address:

City-St-Zip:

Entity Name: ACISS SYSTEMS, INC.

FILED Apr 01, 2008 Secretary of State

Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
UNIT 1	SCHMANN ROA		33920 US HIGHWAY 1 STE 150 PALM HARBOR, FL 34	
	ailing Address:		New Mailing Address	
2419 FLEISCHMANN ROAD		33920 US HIGHWAY 19 N		
UNIT 1			STE 150	
TALLAHAS	SEE, FL 32308	US	PALM HARBOR, FL 34	4684 US
FEI Number:	59-1922156	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
ANTHONY 2708 DEBL TALLAHAS		US		
The above	named entity su			
in the State		bmits this statement for the pu	rpose of changing its registered	office or registered agent, or both,
	of Florida.			office or registered agent, or both,
in the State	of Florida.	Signature of Registered Agen		office or registered agent, or both, Date
in the State	of Florida. E:Electronic			
in the State SIGNATUR Election Carr	of Florida. E:Electronic	Signature of Registered Agen	t	
in the State SIGNATUR Election Carr	of Florida. EE: Electronic spaign Financing T	Signature of Registered Agen rust Fund Contribution (). DRS: elete H. III, R. N.	t ADDITIONS/CHANGE	Date
in the State SIGNATUR Election Carr OFFICERS Title: Name: Address:	Electronic paign Financing T AND DIRECTO D DULIN, THOMAS I 12894 90TH TERF	Signature of Registered Agen Frust Fund Contribution (). DRS: elete H. III, R. N. 3776 US elete NY, ET	t ADDITIONS/CHANGE Title: Name: Address: City-St-Zip:	Date S TO OFFICERS AND DIRECTORS:

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: ANTHONY BASTIAN PD 04/01/2008

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TARPON SPRINGS, FL 34688 US

HAWKINSON, CHAD A

872 CRESTRIDGE CIR

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