## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 596572** 

Entity Name: ACISS SYSTEMS, INC.

FILED Apr 14, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:

33920 US HIGHWAY 19 N STE 150

PALM HARBOR, FL 34684 US

Current Mailing Address: New Mailing Address:

33920 US HIGHWAY 19 N STE 150

PALM HARBOR, FL 34684 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 New Registered Agent:

ANTHONY BASTIAN BASTIAN, ANTHONY
2708 DEBUSSY CT
TALLAHASSEE EL 22208 LIS
TALLAHASSEE EL 22208

TALLAHASSEE, FL 32308 US TALLAHASSEE, FL 32308 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: ANTHONY BASTIAN 04/14/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition

 Name:
 DULIN, THOMAS H. III
 Name:
 DULIN, THOMAS H

 Address:
 12894 90TH TERR. N.
 Address:
 12894 90TH TERR. N.

 City-St-Zip:
 SEMINOLE, FL 33776 US
 City-St-Zip:
 SEMINOLE, FL 33776 US

Title: PD ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 BASTIAN, ANTHONY
 Name:

 Address:
 2708 DEBUSSY CT
 Address:

 City-St-Zip:
 TALLAHASSEE, FL 32308 US
 City-St-Zip:

Title: VS () Delete Title: () Change () Addition

 Name:
 HARRELL, JUSTIN L
 Name:

 Address:
 1395 7TH ST SOUTH
 Address:

 City-St-Zip:
 SAFETY HARBOR, FL 34695 US
 City-St-Zip:

Title: VT () Delete Title: () Change () Addition

 Name:
 HAWKINSON, CHAD A
 Name:

 Address:
 872 CRESTRIDGE CIR
 Address:

 City-St-Zip:
 TARPON SPRINGS, FL 34688 US
 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: ANTHONY BASTIAN PD 04/14/2009