# 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 27, 2009**
**Secretary of State**

DOCUMENT# 623033

**Entity Name:** ACCESSIVEST, INC.

**Current Principal Place of Business:**

2255 GLADES ROAD
SUITE 324A #1000
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 273528
BOCA RATON, FL 334273528 US

**New Mailing Address:**

**FEI Number: 59-1918791** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

W. RODGERS MOORE, P.A.
ONE LINCOLD PLACE, STE.401
1900 GLADES ROAD
BOCA RATON, FL 33431 US

**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete
Name: MURPHY, EDWARD
Address: 91 CHRISTINE DR
City-St-Zip: E HANOVER, NJ 07936

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: CHMN ( ) Change (X) Addition
Name: FOSS, JOHN P
Address: 1320 SW 20TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: EDSON, ANNA L
Address: 1320 SW 20TH STREET
City-St-Zip: BOCA RATON, FL 33486

Title: VP ( ) Change (X) Addition
Name: FOSS, DAVID P
Address: 336 HOMESTEAD ROAD
City-St-Zip: HILLSBOROUGH, NJ 08844

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: EDWARD MURPHY PD 07/27/2009

Electronic Signature of Signing Officer or Director Date