

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000004845

Entity Name: ASPIRION, INC.

FILED  
Feb 22, 2007  
Secretary of State

## Current Principal Place of Business:

6800 N. DALE MABRY HWY.  
SUITE 186  
TAMPA, FL 33614

## New Principal Place of Business:

5312 CLOUDS PEAK DRIVE  
LUTZ, FL 33558

## Current Mailing Address:

6800 N. DALE MABRY HWY.  
SUITE 186  
TAMPA, FL 33614

## New Mailing Address:

PO BOX 341735  
TAMPA, FL 33694-173

FEI Number: 91-2001046

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

NOLAND, FRANK  
5312 CLOUDS PEAK DR.  
LUTZ, FL 33558 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CP ( ) Delete  
Name: OGLE, FLOYD L  
Address: 6800 N. DALE MABRY HWY.  
City-St-Zip: TAMPA, FL 33614

Title: WVST ( ) Delete  
Name: NOLAND, FRANK  
Address: 6800 N. DALE MABRY HWY. STE 186  
City-St-Zip: TAMPA, FL 33614

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: OGLE, FLOYD L  
Address: 5312 CLOUDS PEAK DR.  
City-St-Zip: LUTZ, FL 33558

Title: DVST (X) Change ( ) Addition  
Name: NOLAND, FRANK  
Address: 5312 CLOUDS PEAK DR.  
City-St-Zip: LUTZ, FL 33558

I hereby certify that the information supplied with this filing does not qualify for the 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: FRANK NOLAND

DVST

02/22/2007

Electronic Signature of Signing Officer or Director

Date