
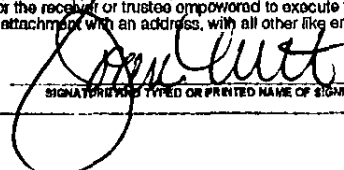
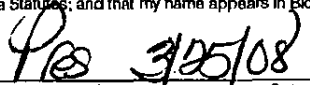


FILED
Mar 31, 2008 08:00 A
Secretary of State

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # F05000006556		
1. Entity Name AFIX TECHNOLOGIES, INC.		
Principal Place of Business 205 NORTH WALNUT PITTSBURGH, KS 66762		Mailing Address 205 NORTH WALNUT PITTSBURGH, KS 66762
DO NOT WRITE IN THIS SPACE		
03122008 No Chg-P CR2E034 (11/05)		
4. FEI Number 48-1076358		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
8. 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VITT, JOAN 205 NORTH WALNUT PITTSBURGH, KS 66762	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST DEPALMA, JAMES 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C LAPENTA, ROBERT V 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARESI, JOE 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FORDYCE, DONI 177 BROAD STREET, 12TH FLOOR STAMFORD, CT 06901	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLEN, BARRY 2751 IRIS AVE. BOULDER, CO 80304	
DO NOT WRITE IN THIS SPACE		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: 		 Date 3/25/08 Daytime Phone #