

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000001558

Entity Name: AFSMI, INC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

11031 VIA FRONTERA SUITE A
SAN DIEGO, CA 92127

New Principal Place of Business:

Current Mailing Address:

11031 VIA FRONTERA SUITE A
SAN DIEGO, CA 92127

New Mailing Address:

FEI Number: 33-0866735

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHOENEWALD, JOHN
1342 COLONIAL BLVD SUITE 25
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

LABOUNTY, SUZANNE T ASST ED
5888 SAND OAK DRIVE
FORT MYERS, FL 33919 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: SUZANNE LABOUNTY

04/30/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CS () Delete
Name: ROSE, WILLIAM F
Address: 3635 LAGO SERENO
City-St-Zip: ESCONDIDO, CA 92025

Title: PVPT () Delete
Name: WOOD, JAMES B
Address: 16140 MATILIJIA DRIVE
City-St-Zip: LOS GATOS, CA 95030

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: () Change () Addition
Name:
Address:
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: JAMES B. WOOD

CEO

04/30/2008

Electronic Signature of Signing Officer or Director

Date