2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G88961

Entity Name: ASC GEOSCIENCES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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20 LAKE WIRE DRIVE 20 LAKE WIRE DRIVE

SUITE 200 SUITE 130

LAKELAND, FL 33815 US LAKELAND, FL 33815 US

Current Mailing Address: New Mailing Address:

P.O. BOX 3644

LAKELAND, FL 33802 US

FEI Number: 59-2383857 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:

SAXENA, ANU
20 LAKE WIRE DRIVE
SAXENA, ANU
20 LAKE WIRE DRIVE
20 LAKE WIRE DRIVE

20 LAKE WIRE DRIVE 20 LAKE WIRE DRIVE SUITE 200 SUITE 130

LAKELAND, FL 33815 US LAKELAND, FL 33815 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 SAXENA, ANUPAM,
 Name:
 SAXENA, ANUPAM

 Address:
 P.O. BOX 3644
 Address:
 P.O. BOX 3644

 City-St-Zip:
 LAKELAND, FL 33802
 City-St-Zip:
 LAKELAND, FL 33802

Title: SD () Delete Title: () Change () Addition

 Name:
 SAXENA, DHIRENDRA S
 Name:

 Address:
 P.O. BOX 3644
 Address:

 City-St-Zip:
 LAKELAND, FL 33802
 City-St-Zip:

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

 Name:
 Name:
 SAXENA, JAYANT

 Address:
 Address:
 P.O. BOX 3644

 City-St-Zip:
 City-St-Zip:
 LAKELAND, FL 33802

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: ANUPAM SAXENA P 04/30/2008