2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

it changed, or on an attachment with an address, with all other like

SIGNATURE:

Jan 31, 2006 08:00 AM DOCUMENT # L68680 **Secretary of State** 1. Entity Name ACSIS MARKETING INC. Principal Place of Business Mailing Address 1480 BELTRESS STREET 1480 BELTRESS STREET DUNEDIN FL 34698 **DUNEDIN FL 34698** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 59-3020096 Not Applicat Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AVEDISIAN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 1480 BELTREES ST, STE. 1 **DUNEDIN FL 34698** City 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 acceptable the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when revisialing) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May : After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11 ☐ Change ☐ Add" TITLE Delete HISE AVEDISIAN, ROBERT NAME NAME U00000409886 STREET ADDRESS STREET ADDRESS 33 FRESHWATER DR 02/09/06-80015-004 150.00 CATY-SI-ZIP CHY-SI-ZP PALM HARBOR FL □ A.*." TITLE STD Delete TITLE ☐ Change MAME AVEDISIAN, ROBERT MAME STREET ADDRESS 33 FRESHWATER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM HARBOR FL ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP WILE ☐ Defete RILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP □ A., ... ☐ Delete TITLE □ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Add::: 7171 E ☐ Defete nueNAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 directly of the corporation or the receiver or trustee empowered to execute this report as required to Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 1

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