2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2008
Secretary of State

DOCUMENT# N04000002674

Entity Name: AXIS ADOPTION & CONSULTING SERVICES INC.

Current Principal Place of Business:

4367 56TH STREET NORTH
KENNETH CITY, FL 33709 US

New Principal Place of Business:

Current Mailing Address:

4367 56TH STREET NORTH
KENNETH CITY, FL 33709 US

New Mailing Address:

FEI Number: 41-2130330 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KERR, CHERYL J
4367 56TH STREET NORTH
KENNETH CITY, FL 33709 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

OFFICERS AND DIRECTORS:

Title:	PC	( ) Delete
Name:	WELCH, JO ANN	
Address:	2100 BOW LANE	
City-St-Zip:	SAFETY HARBOR, FL 34695 US	
Title:	VP	( ) Delete
Name:	STODART, TRACY	
Address:	8891 BRIARWOOD DRIVE	
City-St-Zip:	SEMINOLE, FL 33772 US	
Title:	D	( ) Delete
Name:	WOOTEN, VICTORIA	
Address:	10074 SOUTH YACHT CLUB DRIVE	
City-St-Zip:	TREASURE ISLAND, FL 33706 US	
Title:	D	( ) Delete
Name:	HALLAS, CHRISTY	
Address:	4368 8TH AVENUE NORTH	
City-St-Zip:	ST. PETERBURG, FL 33713	
Title:	S	( ) Delete
Name:	FETNER, KIM	
Address:	10943 HARBORSIDE DRIVE	
City-St-Zip:	LARGO, FL 33773	
Title:	T	( ) Delete
Name:	SCHULTZ, BEV	
Address:	8135 37TH AVENUE NORTH	
City-St-Zip:	ST. PETERSBURG, FL 33710	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHERYL KERR E.D. 02/24/2008

Electronic Signature of Signing Officer or Director — Date