


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # N04000009776 1. Entity Name AXESS MAKERS INC.			
Principal Place of Business 14508 N 18TH STREET TAMPA, FL 33613		Mailing Address 14508 N 18TH STREET TAMPA, FL 33613	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State		3. Mailing Address Suite, Apt. #, etc. City & State	
Zip Country		Zip Country	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VASQUEZ, NELLIE 14508 N 18TH STREET TAMPA, FL 33613		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <u><i>Nellie Vasquez Mosley</i></u> <u><i>NELLIE VASQUEZ MOSLEY</i></u> <u><i>3-29-07</i></u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	T AKRAM, LATIFAH A	<input checked="" type="checkbox"/> Delete	
NAME	AKRAM, LATIFAH A		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5230 TENNIS COURT CIRCLE		
CITY-ST-ZIP	TAMPA, FL 33617		
TITLE	D	<input type="checkbox"/> Delete	
NAME	SILVA, CARLOS A MD		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14427 BRUCE B DOWNS BLVD BLDG 5		
CITY-ST-ZIP	TAMPA, FL 33613		
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			



03302007 Chg-NP CR2E037 (12/06)

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 617, 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: *Nellie Vasquez* *3-29-07* *813-631-0599*
(Signature and typed or printed name of signing officer or director Date Daytime Phone #)