2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000003477

Entity Name: ACCESS LUMAS INC.

FILED Jan 09, 2008 Secretary of State

Current Principal Place of Business:					New Principal Place of Business:			
	GATE ROAD /ILLE, FL 322	18	US					
Current Mailing Address:					New Mailing Address:			
	GATE ROAD /ILLE, FL 322	18	US					
FEI Number:	20-8996694	FEI	Number Applied For()	FEI Nur	nber Not Appli	icable ()	Certificate of Status D	esired ()
Name and	Address of C	urren	t Registered Agent:		Name and	Address o	f New Registered Age	ent:
11100 WIN	R, JULIE ED GATE ROAD /ILLE, FL 322	18	US					
The above in the State		submit	s this statement for the p	ourpose o	f changing it	s registered	d office or registered ag	gent, or both,
SIGNATUR	:E:							
Electronic Signature of Registered Agent					Date			
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VP () Delete DAVIS, JEFF 1100 WINGATE ROAD JACKSONVILLE, FL 32218 US				Title: Name: Address: City-St-Zip:	lame: kddress:		
Title: Name: Address: City-St-Zip:	P () Delete FLEURINOR, JULIE K 1100 WINGATE ROAD JACKSONVILLE, FL 32218 US				Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	T () WILLIAMS, VEF 11100 WINGAT JACKSONVILLE	E ROA	D		Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	S () DAVIS, DARA 11100 WINGAT JACKSONVILLE		D		Title: Name: Address: City-St-Zip:	T VIRGIL, TER 11100 WING JACKSONVI		
Title: Name: Address: City-St-Zip:	T () LEWIS, CANDA 11100 WINGAT JACKSONVILLE	E ROA	D		Title: Name: Address: City-St-Zip:		() Change () Addition	

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: JULIE K. FLEURINOR Ρ 01/09/2008