2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2011
Secretary of State

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Entity Name: ACCESS LUMAS INC.

Current Principal Place of Business:

2045 ALI BABA AVENUE
OPA-LOCKA, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

2045 ALI BABA AVENUE
OPA-LOCKA, FL 33054 US

New Mailing Address:

FEI Number: 20-8996694 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FLEURINOR, JULIE ED
2045 ALI BABA AVENUE
OPA-LOCKA, FL 33054 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: VP
Name: ALEXANDER, LARETTE
Address: 431 SW 10TH TERRACE
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: P
Name: FLEURINOR, JULIE K
Address: 916 1/2 NOYES STREET
City-St-Zip: EVANSTON, IL 60201 US

Title: S
Name: CARVIL, DANIELLE
Address: P.O. BOX 7293
City-St-Zip: MARIETTA, GA 30065

Title: T
Name: CHERIDA, JOHNSON
Address: 2121 SHERIDIAN STREET
City-St-Zip: EVANSTON, IL 60201 US

Title: T
Name: LEWIS, CANDACE
Address: P.O. BOX 8638
City-St-Zip: NASHVILLE, TN 37076 US

Title: T
Name: GENEIVE, CARVIL
Address: 2045 ALI BABA AVENUE
City-St-Zip: OPA-LOCKA, FL 33054

I hereby 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 all other like empowered.

SIGNATURE: JULIE FLEURINOR P 01/22/2011

Electronic Signature of Signing Officer or Director Date