

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P01000036413

Entity Name: AXISBOLD, INC.

**FILED**  
**Mar 02, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2209 DISCOVERY CIRCLE WEST  
DEERFIELD BEACH, FL 33442

**New Principal Place of Business:**

**Current Mailing Address:**

2209 DISCOVERY CIRCLE WEST  
DEERFIELD BEACH, FL 33442

**New Mailing Address:**

FEI Number: 65-1097259

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WALLEN, ANTHONY  
2209 DISCOVERY CIRCLE WEST  
DEERFIELD BEACH, FL 33442 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: D  
Name: WALLEN, ANTHONY  
Address: 2209 DISCOVERY CIRCLE WEST  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D  
Name: WALLEN, STACEY  
Address: 2209 DISCOVERY CIRCLE WEST  
City-St-Zip: DEERFIELD BEACH, FL 33442

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STACEY WALLEN

D

03/02/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date