

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000048556

FILED  
May 01, 2009  
Secretary of State

**Entity Name:** ADVANCED SAFETY CONSULTING GROUP, INC.

**Current Principal Place of Business:**

5440 N ST RD 7 STE 5  
FORT LAUDERDALE, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

5440 N ST RD 7 STE 5  
FORT LAUDERDALE, FL 33319

**New Mailing Address:**

**FEI Number:** 65-1121161

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

JAIRO, BOSCH  
5440 N ST RD 7, STE 5  
FORT LAUDERDALE, FL 33319 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: THOMPSON, WILLIAM G IV  
Address: 105 SEURAT LANE  
City-St-Zip: MARTINSBURG, WV 254012462

Title: D ( ) Delete  
Name: THOMPSON, MARGARITA  
Address: 105 SEURAT LANE  
City-St-Zip: MARTINSBURG, WV 254012462

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: THOMPSON, WILLIAM G IV  
Address: 4151 VIA MARINA APT. #301  
City-St-Zip: MARINA DEL REY, CA 90292

Title: D (X) Change ( ) Addition  
Name: THOMPSON, MARGARITA  
Address: 4151 VIA MARINA APT. #301  
City-St-Zip: MARINA DEL REY, CA 90292

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

SIGNATURE: MARGARITA THOMPSON

P

05/01/2009

Electronic Signature of Signing Officer or Director

Date