2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE: A

May 24, 2004 8:00 am Secretary of State DOCUMENT # P02000011680 05-24-2004 90011 035 ***150.00 ACCESS MARKETING SYSTEMS, INC. Principal Place of Business Mailing Address -7416 PROSPECT ROAD SARASOTA FL 34243 7416 PROSPECT ROAD SARASOTA FL 34243 14022935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State Applied For 4. FEI Number 04-3591992 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KEUIN ADAMS" ADAMS, KEVIN Street Address (P.O. Box Number is Not Acceptable) 603 ST. ANDREWS DR. SARASOTA FL 34243 د لعا 1208 66 th Ave 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Change Addition ☐ Delete NAME ADAMS, KEVIN NAME Keussi 66+12 AUE. W 1208 603 ST. ANDREWS DR. STREET ADDRESS STREET ADDRESS Bradenton IFI 3424 SARASOTA FL 34243 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ADAMS, BRENT NAME NAME Prospect Rd 1208 66TH AVE. W. STREET ADDRESS STREET ADDRESS 34243 CITY-ST-ZIP BRADENTON FL 34207 CITY-ST-ZIP ☐ Change ■ Addition ТЛІЕ ☐ Delete TITLE ADAMS, GARY STREET ADDRESS 7416 PROSPECT RD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34243 CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TIT) F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, 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.

OFFICER OR DIRECTOR

FILED