

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063456

Entity Name: 401K ASP, INC.

FILED
Feb 26, 2007
Secretary of State

Current Principal Place of Business:

4511 N. HIMES AVE., SUITE 150
TAMPA, FL 33614

New Principal Place of Business:

5310 CYPRESS CENTER DR. SUITE 101
TAMPA, FL 33609

Current Mailing Address:

4511 N. HIMES AVE., SUITE 150
TAMPA, FL 33614

New Mailing Address:

5310 CYPRESS CENTER DR. SUITE 101
TAMPA, FL 33609

FEI Number: 81-0557695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HANEY, R. REID
101 E. KENNEDY BLVD., #4100
TAMPA, FL 33614 US

Name and Address of New Registered Agent:

HANEY, R. REID
101 E. KENNEDY BLVD., #3700
TAMPA, FL 33614 US

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:

02/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KIRTLAND, PETER
Address: 7012 BONAVENTURE DR.
City-St-Zip: TAMPA, FL 33607

Title: VDS () Delete
Name: OLSON, JAMES
Address: 724 23RD AVE NORTH
City-St-Zip: ST. PETERSBURG, FL 33704

Title: VDT () Delete
Name: GOTTFRIED, MICHAEL
Address: 7625 SOUTHERN BROOK BEND #203
City-St-Zip: TAMPA, FL 33635

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHAEL GOTTFRIED

VP

02/26/2007

Electronic Signature of Signing Officer or Director

Date