

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000063456

Entity Name: 401K ASP, INC.

FILED  
Apr 20, 2009  
Secretary of State

## Current Principal Place of Business:

5310 CYPRESS CENTER DR. SUITE 101  
TAMPA, FL 33609

## New Principal Place of Business:

5310 CYPRESS CENTER DR.  
SUITE 101  
TAMPA, FL 33609

## Current Mailing Address:

5310 CYPRESS CENTER DR. SUITE 101  
TAMPA, FL 33609

## 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., #3700  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

HANEY, R. REID  
101 E. KENNEDY BLVD.  
SUITE 3700  
TAMPA, FL 33602 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: R. REID HANEY

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

Title: D ( ) Delete  
Name: GUPTA, MANISH  
Address: 1048 3RD STREET  
City-St-Zip: SANTA MONICA, CA 90403

## 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:

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

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: PETER KIRTLAND

P

04/20/2009

Electronic Signature of Signing Officer or Director

Date