

# 2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000007079

FILED  
Nov 01, 2006  
Secretary of State

Entity Name: AFFORDABLE SURVEY SOLUTIONS, INC.

## Current Principal Place of Business:

13654 N. 12TH ST  
SUITE 10  
TAMPA, FL 33613

## New Principal Place of Business:

## Current Mailing Address:

13654 N. 12TH ST  
SUITE 10  
TAMPA, FL 33613

## New Mailing Address:

FEI Number: 59-3768184

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HINES, JAMES P ESQ  
315 S HYDE PARK AVE  
TAMPA, FL 33606 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: JAMES P. HINES

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: PCD ( ) Delete  
Name: SCHIRO, KYLE C  
Address: 1007 SYLVIA LANE  
City-St-Zip: TAMPA, FL 33613

Title: VD ( ) Delete  
Name: BRYAN, CHARLES F  
Address: 13600 KING STREET #626  
City-St-Zip: OVERLAND PARK, KS 66221

Title: STD ( ) Delete  
Name: DENNIS, ROB  
Address: 260 SANDPIPER DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

## 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: KYLE C. SHIRO

MGR

11/01/2006

Electronic Signature of Signing Officer or Director

Date