
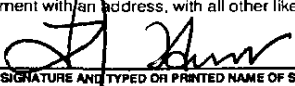


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90221 019 \*\*\*150.00

<b>DOCUMENT # P03000030446</b> 1. Entity Name <b>ACCESS CARD SYSTEMS, INC.</b>					
Principal Place of Business <b>1825 MAIN ST, SUITE 105 WESTON, FL 33326 US</b>			Mailing Address <b>1825 MAIN ST, SUITE 105 WESTON, FL 33326 US</b>		
2. Principal Place of Business Suite, Apt. #, etc. <b>SUITE 130</b>		3. Mailing Address <b>1112 WESTON RD.</b> Suite, Apt. #, etc. <b>SUITE 130</b>			
City & State <b>WESTON, FLORIDA</b>		4. FEI Number <b>90-0079882</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33326</b>	Country <b>US</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		04212004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>HUNT, LARRY J 1825 MAIN ST, SUITE 105 WESTON, FL 33326</b>			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
SIGNATURE:  <b>LARRY HUNT, PRESIDENT</b>			Date <b>04/20/04</b> Daytime Phone # <b>954-217-7301</b>		