2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# P04000011635

Entity Name: AZS CONSULTING, INC.

Current Principal Place of Business:

3328 NW 110TH TERRACE
GAINESVILLE, FL 32606

New Principal Place of Business:

502 NW 16TH STREET
SUITE 2A
GAINESVILLE, FL 32601

Current Mailing Address:

3328 NW 110TH TERRACE
GAINESVILLE, FL 32606

New Mailing Address:

P.O. BOX 5818
GAINESVILLE, FL 32627

FEI Number: 20-0604880 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, ARLENE Z
3328 NW 110TH TERRACE
GAINESVILLE, FL 32606 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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: STEWART, ARLENE Z
Address: 3328 NW 110TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: STEWART, ARLENE Z
Address: 3328 NW 110TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: D ( ) Change (X) Addition
Name: STEWART, JON D
Address: 3328 NW 110TH TERRACE
City-St-Zip: GAINESVILLE, FL 32606

Title: VP ( ) Change (X) Addition
Name: BEANE, RUEN M
Address: 4420 CARTER ROAD, #42
City-St-Zip: SAINT AUGUSTINE, FL 32086

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: RUEN MARIE BEANE VP 04/23/2009

Electronic Signature of Signing Officer or Director — Date