2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040712

Entity Name: ASSIST ENTERPRISES INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5732 NORMANDY BLVD STE 14 JACKSONVILLE, FL 32205

Current Mailing Address: New Mailing Address:

5732 NORMANDY BLVD STE 14 JACKSONVILLE, FL 32205

FEI Number: 82-0589062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MARSHALL, GRAYSON B JR
5732 NORMANDY BLVD STE 14
JACKSONVILLE, FL 32205 US

MARSHALL, GRAYSON B JR
5732 NORMANDY BLVD STE 14
JACKSONVILLE, FL 32205 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: GRAYSON B. MARSHALL, JR. 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PRFS** (X) Change () Addition MARSHALL, GRAYSON JR MARSHALL, GRAYSON JR Name: Name: 5732 NORMANDY BLVD STE 14 5732 NORMANDY BLVD STE 14 Address: Address: City-St-Zip: JACKSONVILLE, FL 32205 City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete Title: () Change () Addition

 Name:
 MARSHALL, DARLENE
 Name:

 Address:
 5732 NORMANDY BLVD STE 14
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

Title: T () Delete Title: () Change () Addition

 Name:
 BELOW, SCOTT
 Name:

 Address:
 5732 NORMANDY BLVD STE 14
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

Title: SD () Delete Title: () Change () Addition

 Name:
 SINCLAIR, TÀUREAN
 Name:

 Address:
 5732 NORMANDY BLVD STE 14
 Address:

 City-St-Zip:
 JACKSONVILLE, FL 32205
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GRAYSON B. MARSHALL, JR. PRES 04/29/2005