

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000040712

FILED
Aug 20, 2007
Secretary of State

Entity Name: ASSIST ENTERPRISES INC.

Current Principal Place of Business:

5732 NORMANDY BLVD STE 14
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

5732 NORMANDY BLVD STE 14
JACKSONVILLE, FL 32205

New Mailing Address:

1716 WILD DUNES CIRCLE
ORANGE PARK, FL 32065

FEI Number: 82-0589062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

MARSHALL, GRAYSON B JR
1716 WILD DUNES CIRCLE
ORANGE PARK, FL 32065 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:

08/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MARSHALL, GRAYSON JR
Address: 5732 NORMANDY BLVD STE 14
City-St-Zip: JACKSONVILLE, FL 32205

Title: VD () Delete
Name: MARSHALL, DARLENE
Address: 5732 NORMANDY BLVD STE 14
City-St-Zip: JACKSONVILLE, FL 32205

Title: T () Delete
Name: BELOW, SCOTT
Address: 5732 NORMANDY BLVD STE 14
City-St-Zip: JACKSONVILLE, FL 32205

Title: SD () Delete
Name: SINCLAIR, TAUREAN
Address: 5732 NORMANDY BLVD STE 14
City-St-Zip: JACKSONVILLE, FL 32205

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: MARSHALL, DARLENE
Address: 5732 NORMANDY BLVD STE 14
City-St-Zip: JACKSONVILLE, FL 32205

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: DARLENE M MARSHALL

VP

08/20/2007

Electronic Signature of Signing Officer or Director

Date