2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# P04000071432

Entity Name: A.N.Y. PROCESS SERVICES INC.

Current Principal Place of Business:

455 DOUGLAS AVENUE
SUITE 1155
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

455 DOUGLAS AVENUE
SUITE 2155-19
ALTAMONTE SPRINGS, FL 32714 US

Current Mailing Address:

POST OFFICE BOX 181955
CASSELBERRY, FL 32718 US

New Mailing Address:

FEI Number: 20-1070816 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WALTON, AMY N
455 DOUGLAS AVE
SUITE 1155
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

WALTON, AMY N
455 DOUGLAS AVE
SUITE 2155 -19
ALTAMONTE SPRINGS, FL 32714 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: 04/15/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WALTON, EDUARDO R
Address: POST OFFICE BOX 181955
City-St-Zip: CASSELBERRY, FL 32718 US

Title: VP ( ) Delete
Name: WALTON, AMY N
Address: POST OFFICE BOX 181955.
City-St-Zip: CASSELBERRY, FL 32718 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WALTON, EDUARDO
Address: 455 DOUGLAS AVENUE SUITE 2155 -19
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

Title: VP (X) Change ( ) Addition
Name: WALTON, AMY
Address: 455 DOUGLAS AVENUE SUITE 2155 -19
City-St-Zip: ALTAMONTE SPRINGS, FL 32714 US

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: EDUARDO WALTON PRES 04/15/2009
Electronic Signature of Signing Officer or Director — Date