

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000085885

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE ASSESSOR NETWORK, INC

Current Principal Place of Business:

520 NE 542 STREET
OLD TOWN, FL 32680

New Principal Place of Business:

Current Mailing Address:

520 NE 542 STREET
OLD TOWN, FL 32680

New Mailing Address:

FEI Number: 20-1194825

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMENTA, SYLVIA
520 NE 542 STREET
OLD TOWN, FL 32680 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: P () Delete
Name: LAMENTA, SYLVIA
Address: 520 NE 542 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: VP () Delete
Name: LAMENTA, FABIAN
Address: 520 NE 542 STREET
City-St-Zip: OLD TOWN, FL 32680

Title: SEC () Delete
Name: LAMENTA, STEPHANIE
Address: 2945 WHITEHEAD STREET
City-St-Zip: MIAMI, FL 33133

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SEC (X) Change () Addition
Name: LAMENTA, FABIAN
Address: 520 NE 542 ST
City-St-Zip: OLD TOWN, FL 32680 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: SYLVIA LAMENTA

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date