2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P04000085885

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, FABIAN
Address: 520 NE 542 ST
City-St-Zip: OLD TOWN, FL 32680 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: LAMENTA, SHAUN
Address: 520 NE 542 STREET
City-St-Zip: OLD TOWN, FL 32680

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: SYLVIA LAMENTA P 04/28/2009

Electronic Signature of Signing Officer or Director — Date