

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006394

Entity Name: ACXESS INC.

FILED  
Apr 30, 2008  
Secretary of State

## Current Principal Place of Business:

3998 FAU BLVD.  
SUITE 210  
BOCA RATON, FL 33431

## Current Mailing Address:

3998 FAU BLVD.  
SUITE 210  
BOCA RATON, FL 33431

## New Principal Place of Business:

3701 FAU BLVD.  
SUITE 210  
BOCA RATON, FL 33431

## New Mailing Address:

3701 FAU BLVD.  
SUITE 210  
BOCA RATON, FL 33431

FEI Number: 20-2277910

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORP SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 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: PD ( ) Delete  
Name: ELLET, PHILIP D  
Address: 3998 FALL BVDL BLDG 1-210  
City-St-Zip: BOCA RATON, FL 33431

Title: CFOS ( ) Delete  
Name: FLOYD, CHRISTOPHER J  
Address: 3998 FALL BLVD BLDG1-210  
City-St-Zip: BOCA RATON, FL 33431

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: PRES ( ) Change (X) Addition  
Name: ELOWSON, THOMAS J  
Address: 3701 FAU BLVD #210  
City-St-Zip: BOCA RATON, FL 33431

Title: C/A ( ) Change (X) Addition  
Name: SOLBERG, HELGE  
Address: 3701 FAU BLVD  
City-St-Zip: BOCA RATON, FL 33431

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: TOM ELOWSON

PRES

04/30/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date