2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000006394

Entity Name: ACXESS INC.

FILED Jul 23, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3701 FAU BLVD. SUITE 210 BOCA RATON FI

BOCA RATON, FL 33431

Current Mailing Address: New Mailing Address:

3701 FAU BLVD. SUITE 210 BOCA RATON, FL 33431

BOCA RATON, LE 33431

FEI Number: 20-2277910 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CT CORP SYSTEM ELOWSON, THOMAS J PRES 1200 S PINE ISLAND RD 3701 FAU BLVD

PLANTATION, FL 33324 US SUITE 210

BOCA RATON, FL 33324 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: TOM ELOWSON 07/23/2008

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

City-St-Zip:

BOCA RATON, FL 33431

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

BOCA RATON, FL 33431

Title: PD () Delete Title: PD (X) Change () Addition

Name: ELLET, PHILIP D Name: ELLET, PHILIP D Address: 3998 FALL BVDL BLDG 1-210 Address: 3701 FAU BVDL BLDG 1-210

City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: BOCA RATON, FL 33431

Title: CFOS () Delete Title: CFOS (X) Change () Addition Name: FLOYD, CHRISTOPHER J Name: RUDMAN, ROBERT Address: 3998 FALL BLVD BLDG1-210 Address: 3701 FAU BLVD BLDG1-210

Title: PRES () Delete Title: () Change () Addition

City-St-Zip:

 Name:
 ELOWSON, THOMAS J
 Name:

 Address:
 3701 FAU BLVD #210
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 City-St-Zip:

Title: C/A () Delete Title: () Change () Addition

 Name:
 SOLBERG, HELGE
 Name:

 Address:
 3701 FAU BLVD
 Address:

 City-St-Zip:
 BOCA RATON, FL 33431
 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: TOM ELOWSON PRES 07/23/2008