2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006394

Entity Name: ACXESS INC.

FILED May 01, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
3701 FAU SUITE 210 BOCA RA		1				
Current M	lailing Addres	s:	New Maili	New Mailing Address:		
3701 FAU SUITE 210 BOCA RA		1				
FEI Number: 20-2277910 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
3701 FAU SUITE 210						
	named entity s e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signature of Registered Age	ent		Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	ot receive the prior notic	e.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () ELLET, PHILIP 3701 FAU BVDL BOCA RATON, I	. BLDG 1-210	Title: Name: Address: City-St-Zip:		(X) Change()Addition OBERT VDL BLDG 1-210 N, FL 33431	
Title: Name: Address: City-St-Zip:	CFOS () RUDMAN, ROBI 3701 FAU BLVE BOCA RATON, I	BLDG1-210	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	PRES () ELOWSON, THO 3701 FAU BLVE BOCA RATON, I) # 210	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zin:	C/A () SOLBERG, HEL 3701 FAU BLVE)	Title: Name: Address: City-St-Zin:		() Change () Addition	

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: THOMAS J ELOWSON PRES 05/01/2009