2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# P05000015955

Entity Name: ASYMMETRIC SOLUTIONS INC.

Current Principal Place of Business:

5384 DEER CREEK DRIVE
ORLANDO, FL 32821 US

New Principal Place of Business:

Current Mailing Address:

5384 DEER CREEK DRIVE
ORLANDO, FL 32821 US

New Mailing Address:

PO BOX 5652
WAKEFIELD, RI 02880 US

FEI Number: 20-2257378 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GLANTZ, KENNETH
5384 DEER CREEK DRIVE
ORLANDO, FL 32821 US

Name and Address of New Registered Agent:

STEFFEN, PATRICIA
5390 DEER CREEK DRIVE
ORLANDO, FL 32821 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: PATRICIA STEFFEN 04/29/2008
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GLANTZ, KENNETH
Address: 5384 DEER CREEK DRIVE
City-St-Zip: ORLANDO, FL 32821 US

Title: VP ( ) Delete
Name: GLANTZ, LYNN
Address: 5384 DEER CREEK DRIVE
City-St-Zip: ORLANDO, FL 32821 US

Title: S ( ) Delete
Name: GLANTZ, LYNN
Address: 5384 DEER CREEK DRIVE
City-St-Zip: ORLANDO, FL 32821 US

Title: T ( ) Delete
Name: GLANTZ, LYNN
Address: 5384 DEER CREEK DRIVE
City-St-Zip: ORLANDO, FL 32821 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GLANTZ, KENNETH
Address: PO BOX 5652
City-St-Zip: WAKEFIELD, RI 02880 US

Title: VP (X) Change ( ) Addition
Name: GLANTZ, LYNN
Address: PO BOX 5652
City-St-Zip: WAKEFIELD, RI 02880 US

Title: S (X) Change ( ) Addition
Name: GLANTZ, LYNN
Address: PO BOX 5652
City-St-Zip: WAKEFIELD, RI 02880 US

Title: T (X) Change ( ) Addition
Name: GLANTZ, LYNN
Address: PO BOX 5652
City-St-Zip: WAKEFIELD, RI 02880 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: LYNN GLANTZ VP 04/29/2008
Electronic Signature of Signing Officer or Director Date