## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000066725

Entity Name: ANSA TECHNOLOGIES, INC.

FILED Apr 23, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
	ASSY DR STE BCH, FL 33401					
Current N	lailing Addres	s:	New Mailing Address:			
	ASSY DR STE BCH, FL 33401					
FEI Number	: 56-2514502	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desired ( )	
Name and	d Address of C	urrent Registered Agent:	Name and	Address o	f New Registered Agent:	
	& UTRERA, P 22 ST 4TH FL 33145 US	Α.				
	e named entity s e of Florida.	submits this statement for the	purpose of changing i	ts registered	d office or registered agent, or both,	
SIGNATU	RE:					
	Electron	ic Signature of Registered Ag	ent		Date	
Election Ca	mpaign Financing	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	VCOO ( ) SAWICKI, DON 1700 EMBASS` W PALM BCH,	/ DR STE 606	Title: Name: Address: City-St-Zip:		()Change ()Addition	
Title: Name: Address: City-St-Zip:	P () SAWICKI, WAL 1700 EMBASS` W PALM BCH,	/ DR STE 606	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CEOT () ANTELO, DAVII 1700 EMBASS` W PALM BCH,	/ DR STE 606	Title: Name: Address: City-St-Zip:	ANTELO, DA 4890 N CITA	(X) Change ()Addition WID TION DR. #103 ACH, FL 33445	
Title: Name: Address: City-St-Zip:	S () SAWICKI, DOM 1700 EMBASS' W PALM BCH,	/ DR STE 606	Title: Name: Address: City-St-Zip:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: DOMINIKA SAWICKI	S	04/23/2007
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