2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000066725

Entity Name: ANSA TECHNOLOGIES, INC.

FILED Apr 21, 2009 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|--------------------------------|--|--|--|
| | ASSY DR STE 3CH, FL 3340 | | | | |
| Current Mailing Address: | | | New Mailing Address: | | |
| 1700 EMBASSY DR STE 606 W PALM BCH, FL 33401 | | | UL. MOSTOWA 28C BOLESLAWIEC, DS 59-700 PL | | |
| FEI Number | : 56-2514502 | 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: | | |
| | & UTRERA, P. 22 ST 4TH FL 33145 US | A. | | | |
| | e named entity e of Florida. | submits this statement for the | purpose of changing its registere | d office or registered agent, or both, | |
| SIGNATU | | | | | |
| | | nic Signature of Registered Ag | ent | Date | |
| Election Ca | mpaign Financin | g Trust Fund Contribution (). | | | |
| OFFICER | S AND DIREC | TORS: | ADDITIONS/CHANG | ES TO OFFICERS AND DIRECTOR | |
| Title: Name: Address: City-St-Zip: | VCOO (SAWICKI, DON 1700 EMBASS W PALM BCH, | Y DR STE 606 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | P (SAWICKI, WAI 1700 EMBASS W PALM BCH, | Y DR STE 606 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | CEOT (ANTELO, DAVI 4890 N CITATI DELRAY BEAC | ON DR. #103 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: | S (SAWICKI, DON |) Delete ⁄IINIKA | Title: Name: | () 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.

Address:

City-St-Zip:

| SIGNATURE: DOMINIKA SAWICKI | C00 | 04/21/2009 |
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|-----------------------------|-----|------------|

1700 EMBASSY DR STE 606

W PALM BCH, FL 33401

Address:

City-St-Zip: