2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2008
Secretary of State

DOCUMENT# P05000077869

Entity Name: ASSET ONE SERVICES INC.

Current Principal Place of Business:

19422 SW 68TH STREET
FORT LAUDERDALE, FL 33332 US

New Principal Place of Business:

1535 SW 193RD TERRACE
PEMBROKE PINES, FL 33029 US

Current Mailing Address:

P.O. BOX 550124
FORT LAUDERDALE, FL 33355 US

New Mailing Address:

FEI Number: 20-2871023 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PATERNOSTER, SABRINA L
19422 SW 68TH STREET
FORT LAUDERDALE, FL 33332 US

Name and Address of New Registered Agent:

PATERNOSTER, SABRINA L
1535 SW 193RD TERRACE
PEMBROKE PINES, FL 33029 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: _____ 04/25/2008
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PATERNOSTER, SABRINA
Address: 19422 SW 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33332 US

Title: VP ( ) Delete
Name: PATERNOSTER, MARCOS M
Address: 19422 SW 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33332 US

Title: VP ( ) Delete
Name: LOWE, GRACE
Address: 19422 SW 68TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33332 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: PATERNOSTER, SABRINA
Address: 1535 SW 193RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change ( ) Addition
Name: PATERNOSTER, MARCOS M
Address: 1535 SW 193RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 US

Title: VP (X) Change ( ) Addition
Name: LOWE, GRACE
Address: 1535 SW 193RD TERRACE
City-St-Zip: PEMBROKE PINES, FL 33029 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: SABRINA PATERNOSTER P 04/25/2008
Electronic Signature of Signing Officer or Director — Date