

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000162045

Entity Name: AXOS TECHNOLOGIES, INC.

FILED  
Apr 16, 2008  
Secretary of State

## Current Principal Place of Business:

36150 LAGUNA HILLS CIR  
ZEPHYRHILLS, FL 33541

## New Principal Place of Business:

8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637

## Current Mailing Address:

36150 LAGUNA HILLS CIR  
ZEPHYRHILLS, FL 33541

## New Mailing Address:

8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637

FEI Number: 20-3946391

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SMITH, DAVID M  
36150 LAGUNA HILLS CIR  
ZEPHYRHILLS, FL 33541 US

## Name and Address of New Registered Agent:

SMITH, DAVID M  
8875 HIDDEN RIVER PARKWAY  
SUITE 300  
TAMPA, FL 33637 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:

04/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SMITH, DAVID M  
Address: 14910 SUNDANCE DRIVE  
City-St-Zip: DADE CITY, FL 33523

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition  
Name: SMITH, DAVID M  
Address: 8875 HIDDEN RIVER PARKWAY, STE. 300  
City-St-Zip: TAMPA, FL 33637

Title: SCTY ( ) Change (X) Addition  
Name: SMITH, KIMBERLY  
Address: 8875 HIDDEN RIVER PARKWAY, STE. 300  
City-St-Zip: TAMPA, FL 33637

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: DAVID M. SMITH

CEO

04/16/2008

Electronic Signature of Signing Officer or Director

Date