2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# P06000055327

Entity Name: ASYST CORPORATION

Current Principal Place of Business:

950 S. WINTER PARK DRIVE SUITE 101
CASSELBERRY, FL 32707

New Principal Place of Business:

950 S. WINTER PARK DRIVE SUITE 207
CASSELBERRY, FL 32707

Current Mailing Address:

950 S. WINTER PARK DRIVE SUITE 101
CASSELBERRY, FL 32707

New Mailing Address:

950 S. WINTER PARK DRIVE SUITE 207
CASSELBERRY, FL 32707

FEI Number: 20-4876936 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ARAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: GURNEE, ROB
Address: 950 S. WINTER PARK DRIVE SUITE 101
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP ( ) Delete
Name: ARNEBERG, MARIANNE
Address: 950 S. WINTER PARK DRIVE SUITE 101
City-St-Zip: CASSELBERRY, FL 32707

Title: ST ( ) Delete
Name: BELLINGAR, ANGI
Address: 950 S. WINTER PARK DRIVE SUITE 101
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: GURNEE, ROB
Address: 950 S. WINTER PARK DRIVE SUITE 207
City-St-Zip: CASSELBERRY, FL 32707

Title: DVP (X) Change ( ) Addition
Name: ARNEBERG, MARIANNE
Address: 950 S. WINTER PARK DRIVE SUITE 207
City-St-Zip: CASSELBERRY, FL 32707

Title: ST (X) Change ( ) Addition
Name: BELLINGAR, ANGI
Address: 950 S. WINTER PARK DRIVE SUITE 207
City-St-Zip: CASSELBERRY, FL 32707

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: ROB GURNEE DP 01/15/2007

Electronic Signature of Signing Officer or Director — Date