

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000143607

FILED  
May 20, 2009  
Secretary of State

Entity Name: DIGITIZED DOCUMENT SOLUTIONS CORP.

## Current Principal Place of Business:

2299 SW NEWPORT ISLES BLVD.  
PORT ST LUCIE, FL 34953

## New Principal Place of Business:

## Current Mailing Address:

2299 SW NEWPORT ISLES BLVD.  
PORT ST LUCIE, FL 34953

## New Mailing Address:

FEI Number: 51-0613349

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ASAR, BEDRI MURAT  
102 REPUBLIC CT  
DEERFIELD BEACH, FL 33442 US

## Name and Address of New Registered Agent:

ASAR, MURAT  
102 REPUBLIC CT  
DEERFIELD BEACH, FL 33442 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: MURAT ASAR

05/20/2009

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: ASAR, BEDRI MURAT  
Address: 102 REPUBLIC CT  
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: VP ( ) Delete  
Name: ASAR, SABRI  
Address: 466 SW SUNDANCE TRAIL  
City-St-Zip: PORT ST LUCIE, FL 34953

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: ASAR, BEDRI MURAT  
Address: 2299 SW NEWPORT ISLE BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PA ( ) Change (X) Addition  
Name: BRIANNE LEONARD, PERSONAL ASSISTANT  
Address: 2299 SW NEWPORT ISLES BLVD  
City-St-Zip: PORT SAINT LUCIE, FL 34953

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: MURAT ASAR

P

05/20/2009

Electronic Signature of Signing Officer or Director

Date