
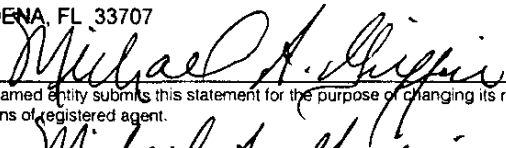
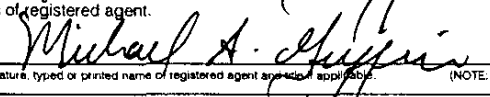
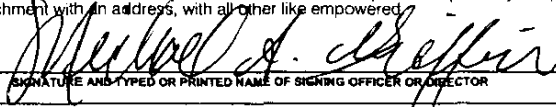


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90047 005 ***158.75

DOCUMENT # P06000146667 1. Entity Name ASKED AND ANSWERED CORPORATION					
Principal Place of Business 6860 GULFPORT BLVD. SO. SUITE 232 SOUTH PASADENA, FL 33707			Mailing Address 6860 GULFPORT BLVD. SO. SUITE 232 SOUTH PASADENA, FL 33707		
2. Principal Place of Business - No P.O. Box # 475 Central Avenue Suite, Apt. #, etc. Suite M1		3. Mailing Address P.O. Box 3159 Suite, Apt. #, etc.			
City & State St. Petersburg, FL Zip 33701		City & State St. Petersburg, FL Zip 33731		4. FEI Number 84-1721305	
Country US		Country US		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRIFFIN, MICHAEL A 6860 GULFPORT BLVD. SO. SUITE 232 SO. PASADENA, FL 33707 				7. Name and Address of New Registered Agent Name Griffin, Michael A. Street Address (P.O. Box Number is Not Acceptable) 475 Central Avenue Suite M1 City St. Petersburg FL Zip Code 33701	
8. 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. I am familiar with, and accept the obligations of, registered agent. SIGNATURE  DATE April 30, 2007 <small>Signature, typed or printed name of registered agent as per applicable statute. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GRIFFIN, MICHAEL A 6860 GULFPORT BLVD. SOUTH, #232 SOUTH PASADENA, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Griffin, Michael A 475 Central Avenue Suite M1 St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT GRIFFIN, SHEILA D 6860 GULFPORT BLVD. SOUTH, #232 SOUTH PASADENA, FL 33707	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Griffin, Sheila 475 Central Avenue Suite M1 St. Petersburg, FL 33701	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			DATE: April 30, 2007		