

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000005603

FILED
Feb 01, 2009
Secretary of State

Entity Name: THE ASSERTIVE GROUP INTERNATIONAL, INC.

Current Principal Place of Business:

5639 NW BLUFF CT
PORT ST LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

5639 NW BLUFF CT
PORT ST LUCIE, FL 34986

New Mailing Address:

FEI Number: 14-1988096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DEXTER
5639 NW BLUFF CT
PORT ST LUCIE, FL 34986 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: P/D () Delete
Name: LEWIS, DEXTER
Address: 5639 NW BLUFF CT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: VP/D () Delete
Name: SQUIRES, LISLE
Address: 504 N 57TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

Title: S/D () Delete
Name: LEWIS, DABBIE
Address: 5639 NW BLUFF CT
City-St-Zip: PORT ST LUCIE, FL 34986

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: LEWIS, DABBIE
Address: 5639 NW BLUFF CT
City-St-Zip: PORT ST LUCIE, FL 34986

Title: S/D (X) Change () Addition
Name: SQUIRES, LISLE
Address: 504 N 57TH AVE
City-St-Zip: HOLLYWOOD, FL 33021

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: DEXTER LEWIS

P/D

02/01/2009

Electronic Signature of Signing Officer or Director

Date