

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000005603

**FILED**  
**Apr 13, 2011**  
**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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: DEXTER LEWIS

P/D

04/13/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date