2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000111576

Entity Name: ACQUIS, INC.

FILED Mar 13, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2293 W EAU GALLIE BLVD 1801 PENN ST MELBOURNE, FL 32935 SUITE 1-A

MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

1801 PENN ST 2293 W EAU GALLIE BLVD SUITE 1-A MELBOURNE, FL 32935

MELBOURNE, FL 32901

FEI Number: 33-1187118 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOSS, BONNIE DOSS, BONNIE 1801 PENN ST 2293 W EAU GALLIE BLVD

MELBOURNE, FL 32935 SUITE 1-A MELBOURNE, FL 32901 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: BONNIE DOSS 03/13/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

MELBOURNE, FL 32935

OFFICERS AND DIRECTORS:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

MELBOURNE, FL 32901

Title: () Delete Title: (X) Change () Addition

SHELPMAN, KIM SHELPMAN, KIM Name: Name: 2293 W EAU GALLIE BLVD 1801 PENN ST SUITE 1-A Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32901

VP,D Title: VP,D Title: () Delete (X) Change () Addition

Name: FADIL, RICHARD Name: FADIL, RICHARD

2293 W EAU GALLIE BLVD 1801 PENN ST SUITE 1-A Address: Address: MELBOURNE, FL 32935 MELBOURNE, FL 32901 City-St-Zip: City-St-Zip:

Title: Title: AVP () Delete AVP (X) Change () Addition ASSAM, BRUCE ASSAM, BRUCE Name: Name:

2293 W EAU GALLIE BLVD 1801 PENN ST SUITE 1-A Address: Address: City-St-Zip: MELBOURNE, FL 32935 City-St-Zip: MELBOURNE, FL 32901

Title: S/T () Delete Title: S/T (X) Change () Addition DOSS, BONNIE DOSS, BONNIE Name: Name: Address: 2293 W EAU GALLIE BLVD Address: 1801 PENN ST SUITE 1-A City-St-Zip:

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: BONNIE DOSS ST 03/13/2009