

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129246

FILED
Apr 15, 2009
Secretary of State

Entity Name: ASAP PROFESSIONAL SERVICES, INC.

Current Principal Place of Business:

2682 BISHOP DRIVE
116
SAN RAMON, CA 94583 US

Current Mailing Address:

2682 BISHOP DRIVE
116
SAN RAMON, CA 94583 US

New Principal Place of Business:

2682 BISHOP DRIVE
SUITE 116
SAN RAMON, CA 94583 US

New Mailing Address:

2682 BISHOP DRIVE
SUITE 116
SAN RAMON, CA 94583 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INC.
1203 GOVERNOR'S SQUARE BLVD
101
TALLAHASSEE, FL 32301-296 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 () Delete
Name: SULLIVAN, PAMELA J
Address: 2682 BISHOP DR #116
City-St-Zip: SAN RAMON, CA 94583 US

Title: SEC () Delete
Name: SULLIVAN, WILLIAM H
Address: 3301 LORETO DR
City-St-Zip: SAN RAMON, CA 94583

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SULLIVAN, PAM
Address: 2682 BISHOP DRIVE SUITE 116
City-St-Zip: SAN RAMON, CA 94583 US

Title: T (X) Change () Addition
Name: SULLIVAN, PAM
Address: 2682 BISHOP DRIVE SUITE 116
City-St-Zip: SAN RAMON, CA 94583

Title: D () Change (X) Addition
Name: SULLIVAN, PAM
Address: 2682 BISHOP DRIVE SUITE 116
City-St-Zip: SAN RAMON, CA 94583

Title: V () Change (X) Addition
Name: SULLIVAN, WILLIAM
Address: 3301 LORETO DR
City-St-Zip: SAN RAMON, CA 94583

Title: S () Change (X) Addition
Name: SULLIVAN, WILLIAM
Address: 3301 LORETO DR
City-St-Zip: SAN RAMON, CA 94583

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: PAMELA J SULLIVAN

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date