

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000129246

FILED  
Feb 17, 2011  
Secretary of State

**Entity Name:** ASAP PROFESSIONAL SERVICES, INC.

**Current Principal Place of Business:**

2682 BISHOP DRIVE  
SUITE 116  
SAN RAMON, CA 94583 US

**New Principal Place of Business:**

**Current Mailing Address:**

2682 BISHOP DRIVE  
SUITE 116  
SAN RAMON, CA 94583 US

**New Mailing Address:**

**FEI Number:** 68-0369666

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**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

**OFFICERS AND DIRECTORS:**

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

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

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

Title: V  
Name: SULLIVAN, WILLIAM  
Address: 3301 LORETO DR  
City-St-Zip: SAN RAMON, CA 94583

Title: S  
Name: SULLIVAN, WILLIAM  
Address: 3301 LORETO DR  
City-St-Zip: SAN RAMON, CA 94583

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: PAM SULLIVAN

PRES

02/17/2011

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

\_\_\_\_\_  
Date