2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000088757

Entity Name: ANSER, INC.

FILED May 11, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
5000 SW 25TH BV, #1113 GAINESVILLE, FL 32608					5TH BV, #1113 LLE, FL 32608	US
Current Mailing Address:				New Mailing Address:		
C/O M.C. THURBER 5000 SW 25TH BV, #1113 GAINESVILLE, FL 32608			C/O M.C. THURBER 5000 SW 25TH BV, #1113 GAINESVILLE, FL 32608 US			
FEI Number:	Number: 65-0544809 FEI Number Applied For () FEI N		FEI Nun	nber Not Appli	icable () C	ertificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
FOGT, THOMAS A ESQ. 700 COLORADO AVE. STUART, FL 34994 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:						
Electronic Signature of Registered Agent Date						
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VPTD () Delete PUETT, EDWIN E JR 38 EAST HIGH POINT ROAD STUART, FL 34994			Title: Name: Address: City-St-Zip:	VPTD (X) CI PUETT, EDWIN E 38 EAST HIGH PO STUART, FL 3499	INT ROAD
Title: Name: Address: City-St-Zip:	PD () Delete THURBER, MARY C 5000 SW 25TH BV, #1113 GAINESVILLE, FL 32608			Title: Name: Address: City-St-Zip:	PD (X) CI THURBER, MARY 5000 SW 25TH BN GAINESVILLE, FL	/, #1113
Title: Name: Address: City-St-Zip:	D () Delete DIPPY, WALTER 509 SE RIVERSIDE DRIVE STUART, FL 34994			Title: Name: Address: City-St-Zip:	D (X) CI DIPPY, WALTER 509 SE RIVERSID STUART, FL 3499	
Title: Name: Address: City-St-Zip:	D () Delete HOOVER, RON 509 RIVERSIDE DR STUART, FL 34994			Title: Name: Address: City-St-Zip:	D (X) CI HOOVER, RON 509 RIVERSIDE D STUART, FL 3499	
Title: Name: Address: City-St-Zip:	SD () E WARD, KATHY 4849 CASH ROA FLOWERY BRAN			Title: Name: Address: City-St-Zip:	() Cł	nange()Addition

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: MARY C. THURBER PD 05/11/2009