2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 25, 2005 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # P95000000258 1. Entity Name AMERICAN SALES TECHNOLOGY, INC.								01-25-20	05 90058 (042 ***15	50.00			
Principal Place of Business 2951 SE DOMINICA TERRACE STUART, FL 34997				Mailing Address 2951 SE DOMINICA TERRACE STUART, FL 34997			1 11211611 11	50006408						
2. Principal P S35	lace of Busin	an Park V	by 3.	Mailing Address 3553	Gro	n Parl								
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01042005							
Sity & State FL			5	City & State	FL		4. FEI Number 65-0554828			No	oplied For ot Applicable			
3490	<u> </u>	Country and Address of C		34997	Cour	ntry		of Status Desired	·	\$8.75 Add Fee Require				
	6. Name	and Address of C	urrent negr	stered Agent	•	Name	7. Name and	Address of Nev	v negistered i	- gent				
	OMINICA	TERRACE		Street Address			ress (P.O. Box Numb	(P.O. Box Number is Not Acceptable)						
STUART, FL 34997						335	3353 Gran Park Way							
				1		City SH	anct		FL	Zip Cod	997			
		ty submits this stater tered agent?	nent for the	purpose of changing	its register	ed office or re	gistered agent, or bo	th, in the State of	Florida. I am	familiar with,	and accept			
SIGNATURE.	Signature, typed	d or printed name of register	ed agent and the	e if applicable. (NOTE: Registere	ed Agent signature r	equired when reinstating)		DATE					
FIL	E NOW!!!	FEE IS \$150.0	00	9. Election Can Trust Fund C			\$5.00 May Be Added to Fees							
	ay 1, 200	5 Fee will be \$						CHANGES TO C	SELCEDS AND	DIDECTOR	C IN 11			
10. TITLE	Р	- OFFICER	S AND DIRE	Delete	11.		ADDITIONS	CHANGES TO C	AFFICERS AND	☐ Change	- Addition			
NAME	1	, MICHAEL F			NAM	I								
STREET ADDRESS CITY-ST-ZIP	1	GRAN PKWY , FL 34997				EET ADDRESS /-ST-ZIP								
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STREET ADDRESS CITY-ST-ZIP				1	CIT	Y-ST-ZIP								
12. hereby	certify that the	ne information suppl	ied with this	filing does not qualif	fy for the ex	emption stated	in Section 119.07(3)	(i), Florida Statute	es. I further ce	rtify that the i	nformation			
of the co	on this reportion or	ort or supplemental r the receiver or truste tachment with the ad-	report is true ee epipower Idrase with	e and accourate and the entry execute this re-	naumy signa port as requ ered	aired by Chapt	er 607, Florida Statut	es; and that my n	ame appears	in Block 10 o	r Block 11 if			
Changeo	ו, טו טוו בנו מנ		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acquirate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with at other like empowered.											