2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000088043

Entity Name: ANCOS, INC.

FILED Apr 11, 2007 Secretary of State

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Current Pr	incipal Place	of Business:	New Princi	New Principal Place of Business:		
100 N. TAN SUITE 4100 TAMPA, FL						
Current Mailing Address:			New Mailir	New Mailing Address:		
100 N. TAM SUITE 4100 TAMPA, FL						
FEI Number:	59-3407578	FEI Number Applied For ()	El Number Not Appli	cable () Cer	tificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
INTRASTA 701 BRICKI MIAMI, FL	ELL	ED AGENT CORPORATION				
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 DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PST () I CASON, WARRE 100 N. TAMPA S' TAMPA, FL 3360	TREET	Title: Name: Address: City-St-Zip:	PTD (X) Char CASON, WARREN M 100 N. TAMPA STRE TAMPA, FL 33602 U	ET, STE. 4100	
Title: Name: Address: City-St-Zip:	DC () I CASON, DOROT 5121 S. NICHOL TAMPA, FL 336	STREET	Title: Name: Address: City-St-Zip:	VPD (X) Char CASON, DOROTHY (5121 S. NICHOL STR TAMPA, FL 33611 U	REET	
Title: Name: Address: City-St-Zip:	DVP () I HOWELL, MARY 5105 S NICHOL TAMPA, FL 336	ST	Title: Name: Address: City-St-Zip:	S (X) Chai ANDREWS, DELORI 6019 LEMON TREE TAMPA, FL 33625 U	COURT	
Title: Name: Address: City-St-Zip:	DVP () I CASON, CAREY 4507 WATROUS TAMPA, FL 3352		Title: Name: Address: City-St-Zip:	AS (X) Chai PARRISH, BARBARA 100 N. TAMPA STRE TAMPA, FL 33602 U	ET, STE 4100	
Title: Name: Address: City-St-Zip:	DAST (X) I SCOGGINS, MEI 81449 MONTANA BIG FORK, MT 5	HIGHWAY 83	Title: Name: Address: City-St-Zip:	()Char	nge () Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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: WARREN M. CASON PT 04/11/2007