

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000087864

Entity Name: ASI RESOURCES, INC.

FILED  
Apr 19, 2010  
Secretary of State

## Current Principal Place of Business:

800 CORPORATE DRIVE  
SUITE 600  
FORT LAUDERDALE, FL 33334

## New Principal Place of Business:

## Current Mailing Address:

800 CORPORATE DRIVE  
SUITE 600  
FORT LAUDERDALE, FL 33334

## New Mailing Address:

FEI Number: 65-0867785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: D  
Name: STARKMAN, JAY  
Address: 800 CORPORATE DRIVE SUITE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: D  
Name: MADDEN, JAMES C  
Address: 800 CORPORATE DRIVE SUITE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: PCEO  
Name: STARKMAN, JAY  
Address: 800 CORPORATE DRIVE SUITE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

Title: ST  
Name: STARKMAN, JAY  
Address: 800 CORPORATE DRIVE SUITE 600  
City-St-Zip: FORT LAUDERDALE, FL 33334

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: VALERIE HAWK-DONOHUE, ATTORNEY-IN-FACT

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04/19/2010

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

\_\_\_\_\_  
Date