

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 30, 2006 8:00 am
Secretary of State

01-30-2006 90037 006 ***150.00

DOCUMENT # P98000090318			
1. Entity Name ASI SERVICES, INC.			
Principal Place of Business 1325 SNELL ISLE BLVD. SUITE 211 ST. PETERSBURG, FL 33704		Mailing Address 1325 SNELL ISLE BLVD. SUITE 211 ST. PETERSBURG, FL 33704	
2. Principal Place of Business 805 Executive Center Dr. W Suite Apt. #, etc. Suite 300 City & State St. Petersburg FL Zip 33702 Country USA		3. Mailing Address 805 Executive Center Dr. W Suite Apt. #, etc. Suite 300 City & State St. Petersburg FL Zip 33702 Country USA	
		01232006 Chg-P CR2E034 (11/05)	
		4. FEI Number 59-3538810	
		Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILKEY, KEVIN R 1325 SNELL ISLE BLVD. SUITE 211 ST. PETERSBURG, FL 33704		7. Name and Address of New Registered Agent Name Milkey, Kevin R. Street Address (P.O. Box Number is Not Acceptable) 805 Executive Center Dr. W Suite 300 City St. Petersburg FL Zip Code 33702	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>Kevin Milkey, VP</u> DATE <u>1/26/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCT AUER, JOHN F 1325 SNELL ISLE BLVD. #211 SAINT PETERSBURG, FL 33704 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 805 Executive Center Dr. W, Suite 300 St. Petersburg, FL 33702
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MILKEY, KEVIN R 605 14TH AVE NE SAINT PETERSBURG, FL 33701 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 all other like empowered.			
SIGNATURE: <u>Kevin Milkey</u>		DATE: <u>1/26/06</u> DAYTIME PHONE: <u>727-821-8765</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	