2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# P99000004464

Entity Name: AXIOM, INC.

Current Principal Place of Business:

613 CITRUS WOOD LANE
VALRICO, FL 33594

New Principal Place of Business:

10635 HATTERAS DRIVE
TAMPA, FL 33619

Current Mailing Address:

613 CITRUS WOOD LANE
VALRICO, FL 33594

New Mailing Address:

10635 HATTERAS DRIVE
TAMPA, FL 33619

FEI Number: 59-3567200 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLLINS, MARK MR
613 CITRUS WOOD LANE
VALRICO, FL 33594 US

Name and Address of New Registered Agent:

COLLINS, MARK MR
10635 HATTERAS DRIVE
TAMPA, FL 33615 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: MARK COLLINS 05/02/2008
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:

Title: PSTD ( ) Delete
Name: COLLINS, MARK MR.
Address: 613 CITRUS WOOD LANE
City-St-Zip: VALRICO, FL 33594 US

Title: D ( ) Delete
Name: COLLINS, CHRISTINE M MS.
Address: 613 CITRUS WOOD LANE
City-St-Zip: VALRICO, FL 33594 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change ( ) Addition
Name: COLLINS, MARK MR.
Address: 10635 HATTERAS DRIVE
City-St-Zip: TAMPA, FL 33619 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: MARK COLLINS PSTD 05/02/2008
Electronic Signature of Signing Officer or Director Date