

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 19, 2006 8:00 am**  
**Secretary of State**

07-19-2006 90007 038 \*\*\*550.00

|  |   |
|--|---|
| <b>DOCUMENT # P99000024522</b>                           |  |
| 1. Entity Name<br><b>FIRST ACCESS SERVICE TEAM, INC.</b> |   |

|   |   |
|---|---|
| Principal Place of Business<br><b>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b> | Mailing Address<br><b>PO BOX 7492<br/>TAMPA, FL 33673</b> |
|---|---|

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 2. Principal Place of Business |         | 3. Mailing Address  |         |
| Suite, Apt. #, etc.            |         | Suite, Apt. #, etc. |         |
| City & State                   |         | City & State        |         |
| Zip                            | Country | Zip                 | Country |

07142006 Chg-P CR2E034 (11/05)

|                                    |  |
|------------------------------------|--|
| 4. FEI Number<br><b>59-3564219</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--|

|   |                                       |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|---|---------------------------------------|

|   |  |
|---|--|
| 6. Name and Address of Current Registered Agent                       |  |
| <b>SCHUMACHER, DALE<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b> |  |

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | Zip Code |

|   |            |
|---|------------|
| 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 _____   | DATE _____ |
| <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |            |

|   |  |
|---|--|
| <b>FILE NOW!!! FEE IS \$550.00<br/>Due by September 6, 2006</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS  |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                          | <input type="checkbox"/> Delete            |
| <b>D<br/>SCHUMACHER, DALE<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b> |  |
| <b>D<br/>WALKER, CINDY<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b>    | <input type="checkbox"/> Delete            |
| <b>D<br/>ALLEN, ERNEST<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b>    | <input type="checkbox"/> Delete            |
| <b>D<br/>HAMP, EDWARD<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b>     | <input type="checkbox"/> Delete            |
| <b>D<br/>GEIGER, SCOTT<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b>    | <input type="checkbox"/> Delete            |
| <b>D<br/>JONES, TERRY<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b>     | <input checked="" type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11           |  |
|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP              | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>PERRY, KEN<br/>3815 N. NEBRASKA AVE.<br/>TAMPA, FL 33603</b> | <input type="checkbox"/> Change <input checked="" 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:  | Date: <b>7/14/06</b> |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>              |                      |

**DALE SCHUMACHER**