

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# S58095

FILED
Sep 26, 2006
Secretary of State

Entity Name: ACCESS MANAGEMENT CORPORATION

Current Principal Place of Business:

1259 N. EGLIN PKWY
SHALIMAR, FL 32579 US

New Principal Place of Business:

Current Mailing Address:

301 E HICKORY AVENUE
CRESTVIEW, FL 32536

New Mailing Address:

FEI Number: 59-3079417

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROWE, TOM L
301 EAST HICKORY AVENUE
CRESTVIEW, FL 32536 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: TOM L. CROWE

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: P () Delete
Name: CROWE, TOM L
Address: 301 E. HICKORY AVENUE
City-St-Zip: CRESTVIEW, FL 32536

Title: VP () Delete
Name: GARRETT, BRANDON D
Address: 7734 NAVARRE PKWY, APT. 22
City-St-Zip: NAVARRE, FL 32566

Title: ST () Delete
Name: ZUKOSKY, DEBBIE
Address: 4 MORONI COURT
City-St-Zip: FORT WALTON BEACH, FL 32547

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: TOM L. CROWE

Electronic Signature of Signing Officer or Director

P

09/26/2006

Date