

**2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

**FILED  
Jun 08, 2010  
Secretary of State**

DOCUMENT# F09000000644

**Entity Name:** ACCELERATED REVENUE MANAGEMENT, INC.

**Current Principal Place of Business:**

1787 MESA VERDE AVENUE STE. 100  
VENTURA, CA 93003

**New Principal Place of Business:**

3760 CALLE TECATE, SUITE B  
CAMARILLO, CA 93012

**Current Mailing Address:**

1787 MESA VERDE AVENUE STE. 100  
VENTURA, CA 93003

**New Mailing Address:**

3760 CALLE TECATE, SUITE B  
CAMARILLO, CA 93012

**FEI Number:** 74-3145260      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEMS  
1200 SOUTH PINE ISLAND  
PLANTATION, FL 33324 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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: JADWIN, BRAD  
Address: 3760 CALLE TECATE, SUITE B  
City-St-Zip: CAMARILLO, CA 93012

Title: VSTC  
Name: PEARLMAN, BRIAN  
Address: 3760 CALLE TECATE, SUITE B  
City-St-Zip: CAMARILLO, CA 93012

Title: COOD  
Name: PEARLMAN, ADAM  
Address: 3760 CALLE TECATE, SUITE B  
City-St-Zip: CAMARILLO, CA 93012

Title: D  
Name: FINKLE, RICHARD  
Address: 3760 CALLE TECATE, SUITE B  
City-St-Zip: CAMARILLO, CA 93012

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: ANNE MEYER

POA

06/08/2010

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

\_\_\_\_\_  
Date