


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90194 048 \*\*\*150.00

<b>DOCUMENT # P06000103479</b>	
1. Entity Name ASKPATTY.COM, INC.	

Principal Place of Business 7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240	Mailing Address 7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04292008 Chg-P CR2E034 (12/06)

4. FEI Number 43-2111256	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  MARTIN, PETER 7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240	7. Name and Address of New Registered Agent Name <u>BRUCE P. CHAPNICK, ESQ.</u> Street Address (P.O. Box Number is Not Acceptable) <u>KARD, MERRILL, CULLIS, TIMM, FUREN &amp; GINSBURG, PA</u> <u>2033 MAIN STREET, SUITE 600</u> City <u>SARASOTA</u> FL Zip Code <u>34237</u>
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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>[Signature]</u> Signature, typed or printed name of registered agent and title if applicable.	DATE <u>4/28/08</u> (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FLYNN, BRYAN 575 UNDERHILL BLVD., SUITE 223 SYOSSET, NY 11791 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO, PRES, SEC DEVERE, JODY 7353 INTERNATIONAL PLACE, #307 SARASOTA, FL 34240 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MARTIN, PETER 7353 INTERNATIONAL PLACE, SUITE 307 SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TRES FLYNN, BRYAN 575 UNDERHILL BLVD., SUITE 223 SYOSSET, NY 11791 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DEVERE, JODY 7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240 <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>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <u>4/28/08</u> Daytime Phone # <u>941 366-8100</u>