2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103479

Entity Name: ASKPATTY.COM, INC.

Title:

Name:

Address:

City-St-Zip:

FILED Mar 03, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240				491 BEN COURT NEWBURY PARK, CA 91320			
Current Mailing Address:				New Mailing Address:			
7353 INTERNATIONAL PLACE #307 SARASOTA, FL 34240				PO BOX 6601 THOUSAND OAKS, CA 91359			
FEI Number:	43-2111256	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status I	esired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
CHAPNICK, BRUCE P ESQ \ 2033 MAIN STREET, STE 600 SARASOTA, FL 34237 US				CHAPNICK, BRUCE P ESQ 2033 MAIN STREET STE 600 SARASOTA, FL 34237 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:				03/03/2009			
Electronic Signature of Registered Agent				Date			
Election Campaign Financing Trust Fund Contribution ().							
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	FLYNN, BRYAN	Delete BLVD., SUITE 223 1791		Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	MARTIN, PETER	Delete DNAL PLACE, SUITE 307 34240		Title: Name: Address: City-St-Zip:	D (X) DEVERE, JODY 491 BEN COUR NEWBURY PAR	T.	
Title: Name: Address: City-St-Zip:	DEVERE, JODY	Delete DNAL PLACE #307 34240		Title: Name: Address: City-St-Zip:	CEO (X) DEVERE, JODY 491 BEN COUR NEWBURY PAR	T	
Title: Name: Address: City-St-Zip:	DEVERE, JODY	Delete ONAL PLACE, STE 307 34240		Title: Name: Address: City-St-Zip:	FLYNN, BRYAN	L BLVD, STE 223	

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: JODY S DEVERE CEO 03/03/2009

(X) Delete

575 UNDERHILL BLVD, STE 223

FLYNN, BRYAN

SYOSSET, NY 11791

() Change () Addition