2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 379614

Entity Name: PRACTICAL SYSTEMS, INCORPORATED

FILED Apr 27, 2009 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	OSPECT RD FL 33556 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	OSPECT RD FL 33556 US			
FEI Number	: 59-1346745 FEI Number Applied For	() FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	l Address of Current Registered Ago	ent: Name and Address o	f New Registered Agent:	
ZEPHYRH	RLINGTON RD HILLS, FL 33544 US			
	e named entity submits this statement for e of Florida.	or the purpose of changing its registered	d office or registered agent, or both,	
SIGNATUI				
	Electronic Signature of Register	red Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	D () Delete JANKURA, JUNE 520 S. WOODLANDS DR. OLDSMAR, FL	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () Delete MACARTNEY, WILLIAM 1676 LINCOLN AVE UTICA, NLYL 00000,	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () Delete HERNANDEZ, MATTHEW 7451 ISLANDER LANE HUDSON, FL 34667	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DP () Delete HERNANDEZ, G.P. 27802 ARLINGTON ROAD ZEPHYRHILLIS, FL 33544	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()Delete	Title:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: MATTHEW HERNANDEZ DV 04/27/2009

7451 ISLANDER LANE

City-St-Zip: HUDSON, FL 34667

Address: