2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# P00000005326

Entity Name: CERTIFIED SYSTEMS, INC.

Current Principal Place of Business:

121 NW 63 AVE
PLANTATION, FL 33317 US

New Principal Place of Business:

121 N. HOLLY LANE
PLANTATION, FL 33317 US

Current Mailing Address:

121 NW 63 AVE
PLANTATION, FL 33317 US

New Mailing Address:

121 N. HOLLY LANE
PLANTATION, FL 33317 US

FEI Number: 65-0976894 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MINGARELLI, JEANNE M
121 NW 63 AVE
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

MINGARELLI, JEANNE M
121 N. HOLLY LANE
PLANTATION, FL 33317 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: JEANNE M MINGARELLI 04/16/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSCD ( ) Delete
Name: MINGARELLI, DAVID J
Address: 121 NW 63 AVE
City-St-Zip: PLANTATION, FL 33317 US

Title: VSTD ( ) Delete
Name: MINGARELLI, JEANNE M
Address: 121 NW 63 AVE
City-St-Zip: PLANTATION, FL 33317 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSCD (X) Change ( ) Addition
Name: MINGARELLI, DAVID J
Address: 121 N. HOLLY LANE
City-St-Zip: PLANTATION, FL 33317 US

Title: VSTD (X) Change ( ) Addition
Name: MINGARELLI, JEANNE M
Address: 121 N. HOLLY LANE
City-St-Zip: PLANTATION, FL 33317 US

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.

SIGNATURE: JEANNE M MINGARELLI VTS 04/16/2009
Electronic Signature of Signing Officer or Director Date