

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000020453

FILED
Apr 30, 2005
Secretary of State

Entity Name: H T SYSTEMS MANAGEMENT, INC.

Current Principal Place of Business:

500 E. SEMORAN BLVD.,STE.2-J
CASSELBERRY, FL 32707

New Principal Place of Business:

Current Mailing Address:

500 E. SEMORAN BLVD.,STE.2-J
CASSELBERRY, FL 32707

New Mailing Address:

FEI Number: 59-3629675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAYRE, GURNAM S
500 E. SEMORAN BLVD.,STE.2-J
% HERMAN SINGH
CASSELBERRY, FL 32707 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HAYRE, GURNAM S
Address: 500 E. SEMORAN BLVD.,STE.2-J
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GURNAM SINGH HAYRE

PRES

04/30/2005

Electronic Signature of Signing Officer or Director

Date