

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000053375

Entity Name: AUTOMATED SYSTEMS INC.

FILED  
Apr 24, 2007  
Secretary of State

**Current Principal Place of Business:**

3625 W. CYPRESS STREET  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3625 W. CYPRESS STREET  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 59-3725180

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BONIN, DONALD  
16705 EAGLE OAK DRIVE  
ODESSA, FL 33556 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: PTS ( ) Delete  
Name: BONIN, DONALD D  
Address: 16705 EAGLE OAK DR  
City-St-Zip: ODESSA, FL 33556

Title: VP ( ) Delete  
Name: MILJUS, ROBBEN C  
Address: 5308 WITHAM CT  
City-St-Zip: TAMPA, FL 33647

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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 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: DONALD BONIN

PRES

04/24/2007

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date