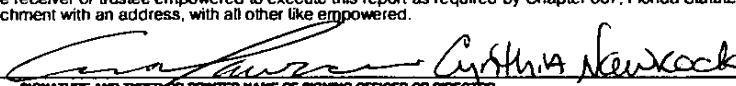


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 049 ***150.00

DOCUMENT # P94000038456 1. Entity Name DISTRIBUTED INTELLIGENCE SYSTEMS INCORPORATED			
Principal Place of Business 801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY, FL 32746 US		Mailing Address 801 INTERNATIONAL PARKWAY 5TH FLOOR LAKE MARY, FL 32746 US	
2. Principal Place of Business 801 International Parkway Suite, Apt. #, etc. 5th Floor		3. Mailing Address 801 International Parkway Suite, Apt. #, etc. 5th Floor	
City & State Lake Mary, FL		City & State Lake Mary, FL	
Zip 32746		Zip 32746	
Country USA		Country USA	
4. FEI Number 65-0496128		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent NAWROCKI, CYNTHIA 305 E. CRYSTAL DRIVE SANFORD, FL 32773		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANSELL, ANTHONY P. 12 SHEET STREET WINDSOR, UK SL4 1BG ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHULZ, LOUISE A. 1557 JAGUAR CIRCLE APOPKA, FL 32712 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JEPSON, SHAUN A. 12 SHEET STREET WINDSOR, UK SL4 1BG ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SWETMAN, SALLY 12 SHEET STREET WINDSOR, UK SL4 1BG ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  Cynthia Nawrocki 3/30/06 407-562-1907 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

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