## 2006 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME OF ST

## **FILED** Mar 13, 2006 08:00 AM

813-286-8500

	ANNUAL	REPORT	·—	59-1671568 Not Applicat  5. Certificate of Status Desired See Required  DO NOT WRITE IN THIS SPACE	
1. Entity Nam	MENT # 503398 YSTEMS, INC.			Secretary of State	,
Principal Place	e of Business	Mailing Address			
5002 W NAS		5002 W NASSAU ST		<b>\</b>	
TAMPA, FL 3	13607 US	TAMPA, FL 33607 US			
	O NOT WRITE	IN THIS COA	CE	03082006 No Chg-P CR2E034 (1705)	
U	O NO! WRITE	IN I I I I STA	CE	1 1 2 1 1 2 1 1 2 1 1 2 1 2 1 2 1 2 1 2	
}					elds:
	6. Name and Address of Current R	egistered Agent	<u> </u>	<u> </u>	
4400D0			1		
5002 W NA	WILLIAM H. ASSAU ST		}	DO NOT WRITE	
TAMPA, F				IN THIS SDACE	
}			1	IN THIS SPACE	
}			}		
	named entity submits this statement for ions of registered agent.	he purpose of changing its register	ed office or registe	ered agent, or both, in the State of Florida. I am familiar with, and ac	cept
SIGNATURE.	Signature, typed or printed name of registered agent en	d site it engineering /NOTE Registers	d Agent signature require	Onitations, opening	-
<del></del>	Signature, types or prented figure or registered agent an	THOSE TROUBLES	ED AGENE SIGNATION & HAGON &	CATE CATE	
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0			6.00 May Be ded to Fees	
10.	OFFICERS AND D	RECTORS	-1		
TITLE " NAME	PD   JACOBS, WILLIAM H.		ı		
STREET ADDRESS	5002 W NASSAU ST		ł		
CITY-ST-ZIP	TAMPA, FL 33607		1		
TITLE			7		
NAME			ł	#MMMA4313 M3/21/96-80111-019 150.00	_
STREET ADDRESS CITY-ST-ZIP	1		{	navarane_entri-nia 120°00	Ì
TITLE			-{		
NAME			•		
STREET ADDRESS	]		1	DO NOT WRITE	
CHY-SI-ZIP			_{_{1}}	DO NOT WRITE	
TALE	ļ		I	IN THIS SPACE	
NAME STREET ADDRESS	{		I		
CITY-SI-ZIP	}		}		
TITLE			<b>-</b>		
MAME	<b>{</b>		į.		
STREET ADDRESS CITY-ST-ZIP			_		
TITLE	}		1		
NAME CTOEST ADDODECC	1		Į.		
STREET ADDRESS CITY-ST-ZIF	1		1		
<b>1</b>	L	his filing does not qualify for the ex	emptions contains	ed in Chapter 119. Florida Statutes. I further certify that the informat	ion
indicated of the con changed	t on this report or supplemental report is tropial to the receiver or trustee empore, or on an attachment with an address, w	rue and accurate and that my signivered to execute this report as required to execute this report as required.	sture shall have the ired by Chapter 60	ed in Chapter 119, Florida Statutes. I further certify that the informat same legal effect as if made under oath, that I am an officer or dire 17, Florida Statutes; and that my name appears in Block 10 or Block	ctor 11 if

NING OFFICER OR DIRECTOR