

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 596572

FILED
Mar 07, 2005
Secretary of State

Entity Name: ACISS SYSTEMS, INC.

Current Principal Place of Business:

2419 FLEISCHMANN ROAD
UNIT 1
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2419 FLEISCHMANN ROAD
UNIT 1
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-1922156

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANTHONY BASTIAN
2708 DEBUSSY CT
TALLAHASSEE, FL 32308 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: DULIN, THOMAS H. III,
Address: 12894 90TH TERR. N.
City-St-Zip: SEMINOLE, FL 33776 US

Title: PD () Delete
Name: BASTIAN, ANTHONY,
Address: 2708 DEBUSSY CT
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VS () Delete
Name: HARRELL, JUSTIN L
Address: 3647 LAKE ST GEORGE DR
City-St-Zip: PALM HARBOR, FL 34684 US

Title: VT () Delete
Name: HAWKINSON, CHAD A
Address: 872 CRESTRIDGE CIR
City-St-Zip: TARPON SPRINGS, FL 34688 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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: ANTHONY BASTIAN

PD

03/07/2005

Electronic Signature of Signing Officer or Director

Date