2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
May 24, 2007
Secretary of State

DOCUMENT# 678359

Entity Name: A.F.C. SYSTEMS, INC.

Current Principal Place of Business:

8419 SUNSTATE STREET
TAMPA, FL 33634 US

New Principal Place of Business:

Current Mailing Address:

8419 SUNSTATE STREET
TAMPA, FL 33634 US

New Mailing Address:

FEI Number: 59-2011904 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ANDERSON, DAVID T
8419 SUNSTATE STREET
TAMPA, FL 33634 US

Name and Address of New Registered Agent:

NAIL, DAVID A
8419 SUNSTATE STREET
TAMPA, FL 33634 US

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: DAVID A NAIL 05/24/2007
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: ANDERSON, DAVID T
Address: 8419 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: SECT ( ) Delete
Name: MURRAY, JACK
Address: 1700 MACDILL AVE, SUITE 220
City-St-Zip: TAMPA, FL 33629 US

Title: COO ( ) Delete
Name: NAIL, DAVID A
Address: 8419 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

Title: CFO ( ) Delete
Name: NAIL, DAVID A
Address: 8419 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634

Title: CHRM ( ) Delete
Name: BURTRON, STEWART
Address: 1700 MACDILL AVE, SUITE 220
City-St-Zip: TAMPA, FL 33629

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ICEO (X) Change ( ) Addition
Name: NAIL, DAVID A
Address: 8419 SUNSTATE STREET
City-St-Zip: TAMPA, FL 33634 US

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 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: DAVID NAIL ICEO 05/24/2007
Electronic Signature of Signing Officer or Director Date