2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 12, 2007 08:00 AM DOCUMENT # F01000003318 **Secretary of State** 1. Entity Name MANSFIELD SYSTEMS, INC. Mailing Address Principal Place of Business 1025 AIRPORT PKWY SW 1025 AIRPORT PKWY SW GAINESVILLE, GA 30501 GAINESVILLE, GA 30501 CR2E034 (11/05) 03052007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2460063 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE PCD MANSFIELD, MICHAEL F NAME STREET ADDRESS 1025 AIRPORT PKWY SW CITY-ST-ZIP GAINESVILLE, GA S PFERSICK, RICHARD U00000664379 NAME 03/22/07-80041-018 150.00 1025 AIRPORT PKWY SW STREET ADDRESS CITY - ST-ZIP GAINESVILLE, GA TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME

12. Thereby certify that the information supplied with this filling 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 ttachment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

SIGNING OFFICER OR DIRECTOR

FILED