



**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 25, 2006 08:00 AM
Secretary of State

DOCUMENT # F01000006518 1. Entity Name SYSTEAM OF ALABAMA, INC.	
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Principal Place of Business 1804 HWY 231 SOUT LACEYS SPRING, AL 35754	Mailing Address 1804 HWY 231 SOUT LACEYS SPRING, AL 35754
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DO NOT WRITE IN THIS SPACE

	
07182006	No Chg-P CR2E034 (11/05)
4. FEI Number 64-0664197	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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DO NOT WRITE 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.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD SHANNON, KEVIN J 1804 HWY 231 S. LACEYS SPRING, AL 35754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORVATH, LEROY 281 ANDES DRIVE GLEN CARBON, IL 62034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC TAYLOR, STEVE 1804 HWY 231 S. LACEYS SPRING, AL 35754
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>U00000575334 08/25/06-80005-020 550.00</p> DO NOT WRITE IN THIS SPACE
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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: <u>Kevin J. Shannon</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>7/18/06</u> <u>(256) 650-2500x522</u> <small>Date Daytime Phone #</small>