

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000004939

Entity Name: DATA CELL SYSTEMS, INC.

FILED  
Jan 16, 2006  
Secretary of State

## Current Principal Place of Business:

250 HWY. 3201  
WINNSBORO, LA 71295

## New Principal Place of Business:

## Current Mailing Address:

250 HWY. 3201  
WINNSBORO, LA 71295

## New Mailing Address:

FEI Number: 86-0753323      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYES STREET  
TALLAHASSEE, FL 32301      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: CP ( ) Delete  
Name: PARKER, DAROLD  
Address: 250 HWY 3201  
City-St-Zip: WINNSBORO, LA 71295

Title: VCVP ( ) Delete  
Name: PARKER, WANDA  
Address: 250 HWY. 3201  
City-St-Zip: WINNSBORO, LA 71295

Title: DVP ( ) Delete  
Name: BUDAGHER, BRUCE  
Address: 3325 N. HASKELL  
City-St-Zip: DALLAS, TX 75204

Title: T ( ) Delete  
Name: PARKER, WANDA  
Address: 250 HWY. 3201  
City-St-Zip: WINNSBORO, LA 71295

Title: S ( ) Delete  
Name: PARKER, DAROLD  
Address: 250 HWY. 3201  
City-St-Zip: WINNSBORO, LA 71295

## 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:

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 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: DAROLD PARKER

CP

01/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date