2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2006 8:00 am
Secretary of State
02-23-2006 90001 010 ***150.00

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1. Entity Name
PROVIDENCE SYSTEMS, INC.

Principal Place of Business	Mailing Address
6349 PALOMAR OAKS COURT CARLSBAD, CA 92009	6349 PALOMAR OAKS COURT CARLSBAD, CA 92009

02012006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
5770 Armada Dr.	5770 Armada Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Carlsbad CA	City & State: Carlsbad CA
Zip: 92008 Country: USA	Zip: 92008 Country: USA

4. FEI Number: 33-0674559 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1; 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C BUFFINI, BEVERLY 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BUFFINI, BRIAN 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Brian Buffini 5770 Armada Dr. Carlsbad CA 92008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUFFINI, GARY 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Gary Buffini 5770 Armada Dr. Carlsbad CA 92008	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V TAYLOR, MICHAEL 6349 PALOMAR OAKS COURT CARLSBAD, CA 92009	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Michael Taylor, Vice President 2/8/06 760-827-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #