


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**TAX DEPT**  
**Jun 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F04000000573</b> 1. Entity Name PBS SYSTEMS INC.	
--	---

Principal Place of Business 3131-114 AVENUE S.E. CALGARY, AB T2Z 3X2 CANADA, XX	Mailing Address 3131-114 AVENUE S.E. CALGARY, AB T2Z 3X2 CANADA, XX
--	--

**DO NOT WRITE IN THIS SPACE**



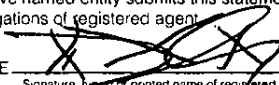
06142006 No Chg-P CR2E034 (11/05)

4. FEI Number 98-0224729	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

6. Name and Address of Current Registered Agent  ARD, SHIRLEY & HARTMAN, P.A. 207 WEST PARK AVE., SUITE B TALLAHASSEE, FL 32301
---

**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  (NOTE: Registered Agent signature required when reinstating)

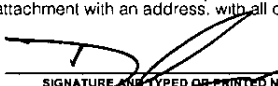
U00000567704  
06/28/06-B0628-001 150.00

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BRADLEY, DAVID 44 BAYCREST PLACE S.W./ CALGARY AB T2V OK6 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRADLEY, MARILYN 44 BAYCREST PLACE S.W./ CALGARY AB T2V OK6 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HART, PHILIP 314 MOUNTAIN PARK DRIVE S.E./ CALGARY AB T2Z 2L3 CANADA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:  **June 15/06 403 2124319**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #