

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005697

Entity Name: MUNSYS, INC.

FILED
Jan 16, 2009
Secretary of State

Current Principal Place of Business:

3689 TAMPA RD, STE 320
OLDSMAR, FL 34677

New Principal Place of Business:

3689 TAMPA RD
STE 320
OLDSMAR, FL 34677

Current Mailing Address:

3689 TAMPA RD, STE 320
OLDSMAR, FL 34677

New Mailing Address:

3689 TAMPA RD
STE 320
OLDSMAR, FL 34677

FEI Number: 27-0100734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TOLKEN, CHRIS
13575 58TH ST N #180
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

TOLKEN, CHRIS
3689 TAMPA RD
STE 320
OLDSMAR, FL 34677 US

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: CHRIS TOLKEN

01/16/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PVST () Delete
Name: TOLKEN, CHRIS
Address: 2536 COUNTRYSIDE BLCS, SUITE 106
City-St-Zip: CLEARWATER, FL 33763

Title: D () Delete
Name: MACE, NICHOLAS G
Address: 202 MONA VALE RD/ST. IVES/NEW SOUTH WALES
City-St-Zip: 2075 AUSTRALIA,

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PVST (X) Change () Addition
Name: TOLKEN, CHRIS
Address: 3689 TAMPA RD, SUITE 320
City-St-Zip: OLDSMAR, FL 34677

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: HOBSON, COLIN D
Address: 1107 SEDONA ST
City-St-Zip: ROCKLIN, CA 95765

I hereby certify that the information supplied with this filing does not qualify 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: CHRIS TOLKEN

PVST

01/16/2009

Electronic Signature of Signing Officer or Director

Date