2007 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 02, 2007 08:00 AM Secretary of State DOCUMENT # F05000004242 JOINT ACTIVE SYSTEMS, INC. Mailing Address Principal Place of Business PO BOX 1367 **2600 S. RANEY** EFFINGHAM, IL 62401 EFFINGHAM, IL 62401 CR2E034 (11/05) 03202007 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 36-4193554 Not Applicable \$8.75 Additional 5. Certificate of Status Desired П Fee Regulred 6. Name and Address of Current Registered Agent DO NOT WRITE KREMER, DEAN 420 E. GOVERNMENT STREET PENSACOLA, FL 32502 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. OFFICERS AND DIRECTORS 10. TITLE CVP BONUTTI, PETER NAME 1303 W. EVERGREEN STREET ADDRESS CITY-ST-ZIP EFFINGHAM, IL 62401 vcs TITLE BONUTTI, BORIS NAME U00000685253 04/06/07-80068-025 150.00 STREET ADDRESS 1303 W. EVERGREEN CiTY-ST-ZIP EFFINGHAM, IL 62401 TITLE NAME KREMER, DEAN 1303 W. EVERGREEN STREET ADDRESS DO NOT WRITE CITY-SY-ZIP EFFINGHAM, IL 62401 IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP

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.

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NAME STREET ADDRESS CITY-ST-ZIP

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