

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

06-05-2006 90152 048 \*\*\*150.00

|  |                         |  |   |   |  |
|--|-------------------------|--|---|---|--|
| <b>DOCUMENT # F05000004804</b>   |                         |  |   |                |  |
| 1. Entity Name<br>HARRIS PUBLISHING SYSTEMS USER GROUP, INC.   |                         |  |   |   |  |
| Principal Place of Business<br>901 6TH ST.<br>DAYTONA BEACH, FL 32117  |                         |  | Mailing Address<br>901 6TH ST.<br>DAYTONA BEACH, FL 32117 |   |  |
| 2. Principal Place of Business   |                         | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.  |                         | Suite, Apt. #, etc.  |   |   |  |
| City & State   |                         | City & State   |   |   |  |
| Zip  | Country                 | Zip  | Country   | 4. FEI Number<br><b>16-1471895</b>  |  |
|  |                         |  |   | Applied For<br>Not Applicable   |  |
|  |                         |  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent  |                         |  | 7. Name and Address of New Registered Agent               |   |  |
| FLATT, GARY<br>901 6TH ST.<br>DAYTONA BEACH, FL 32117  |                         |  | Name  |   |  |
|  |                         |  | Street Address (P.O. Box Number is Not Acceptable)        |   |  |
|  |                         |  | City  | <b>FL</b>   | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |                         |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>  |                         | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |   | \$5.00 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   |                         |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     |   |  |
| TITLE  | P                       | <input checked="" type="checkbox"/> Delete                                       | TITLE   | P   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | CLARKE, MARGARET HICKS  |  | NAME  | JEFF  |  |
| STREET ADDRESS   | 292 VAUXHALL BRIDGE RD  |  | STREET ADDRESS  | PO BOX 4915   |  |
| CITY-ST-ZIP  | LONDON, UK SW1V 1AE,    |  | CITY-ST-ZIP   | SYRACUSE, NY 13221  |  |
| TITLE  | VP                      | <input checked="" type="checkbox"/> Delete                                       | TITLE   | VP  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME   | REA, JEFF               |  | NAME  | LINCKS BEKI   |  |
| STREET ADDRESS   | PO BOX 4915             |  | STREET ADDRESS  | 1320 SW BRADWAY   |  |
| CITY-ST-ZIP  | SYRACUSE, NY 13221      |  | CITY-ST-ZIP   | PORTLAND, OR 97201  |  |
| TITLE  | S                       | <input checked="" type="checkbox"/> Delete                                       | TITLE   | S   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME   | LINCKS, BEKI            |  | NAME  | Carol Roosa   |  |
| STREET ADDRESS   | 1320 SW BRADWAY         |  | STREET ADDRESS  | PO Box 401  |  |
| CITY-ST-ZIP  | PORTLAND, OR 97201      |  | CITY-ST-ZIP   | CAMPBELL HALL, NY 10916   |  |
| TITLE  | T                       | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   | FLATT, GARY             |  | NAME  |   |  |
| STREET ADDRESS   | 901 6TH ST.             |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  | DAYTONA BEACH, FL 32117 |  | CITY-ST-ZIP   |   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |   |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                         |  | CITY-ST-ZIP   |   |  |
| TITLE  |                         | <input type="checkbox"/> Delete  | TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME   |                         |  | NAME  |   |  |
| STREET ADDRESS   |                         |  | STREET ADDRESS  |   |  |
| CITY-ST-ZIP  |                         |  | 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. |                         |  |   |   |  |
| SIGNATURE: <i>X Gary Flatt</i> GARY FLATT, TREASURER   |                         |  | Date: 6/1/06 386 - 681-2335                               |   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   |                         |  | Daytime Phone #   |   |  |

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