

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006508

FILED
Jan 14, 2009
Secretary of State

Entity Name: PALADIN DATA SYSTEMS CORPORATION

Current Principal Place of Business:

19362 POWDER HILL PLACE NE
POULSBO, WA 98370

New Principal Place of Business:

Current Mailing Address:

19362 POWDER HILL PLACE NE
POULSBO, WA 98370

New Mailing Address:

FEI Number: 91-1670217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CV () Delete
Name: MACY, GARY
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: CFO () Delete
Name: LASOF, LYNN
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: DV () Delete
Name: JOHNSTON, ROBERT
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: PCEO () Delete
Name: NALL, JAMES
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: S () Delete
Name: DVORAK, MICHELLE
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CTO (X) Change () Addition
Name: MACY, GARY
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: CFO (X) Change () Addition
Name: ANDERSON, GARY V
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: COO (X) Change () Addition
Name: JOHNSTON, ROBERT
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

Title: CEO (X) Change () Addition
Name: NALL, JAMES
Address: 19362 POWDER HILL PLACE NE
City-St-Zip: POULSBO, WA 98370

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

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: GARY V. ANDERSON

CFO

01/14/2009

Electronic Signature of Signing Officer or Director

Date