## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F06000006225

Entity Name: ZODIAC DATA SYSTEMS, INC.

FILED Feb 06, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
12725 MORRIS ROAD EXT SUITE 180 ALPHARETTA, GA 30004					
ALPHARE	1A, GA 30004				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
SUITE 180	RRIS ROAD EXT	Г			
ALPHARE	TTA, GA 30004				
FEI Number: 31-4776804 FEI Number Applied For ( ) FEI			FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:					
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:					
	Electronic	Signature of Registered Agen	t	Date	
Election Carr	paign Financing 1	rust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	C () D NOVELLA, CHRIS 12725 MORRIS R ALPHARETTA, GA	TIAN OAD EXT SUITE 180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VCP ( ) D BARSBY, GEORG 12725 MORRIS R ALPHARETTA, GA	SE W OAD EXT SUITE 180	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () D D'AMATO, RICHA 12725 MORRIS R ALPHARETTA, GA	RD OAD EXT SUITE 180	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	D () D FORNELL, GORD 12725 MORRIS R ALPHARETTA, GA	ON OAD EXT SUITE 180	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () D EDMUNDSON, DA 405 LEXINGTON NEW YORK, MY	ANIEL AVE	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	MELONE, JOHN	elete OAD EXT SUITE 180 A 30004	Title: Name: Address: City-St-Zip:	( ) Change( ) Addition	
Statutes. I	further certify tha	at the information indicated on	this report or supplemental re	nption stated in Chapter 119, Florida eport is true and accurate and that my 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: GEORGE W. BARSBY

VCP

02/06/2008

Electronic Signature of Signing Officer or Director

Date