2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F06000006225

Entity Name: ZODIAC DATA SYSTEMS, INC.

Current Principal Place of Business:

12725 MORRIS ROAD EXT
SUITE 180
ALPHARETTA, GA 30004

New Principal Place of Business:

Current Mailing Address:

12725 MORRIS ROAD EXT
SUITE 180
ALPHARETTA, GA 30004

New Mailing Address:

FEI Number: 31-4776804 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: C ( ) Delete
Name: NOVELLA, CHRISTIAN
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

Title: VCP ( ) Delete
Name: BARSBY, GEORGE W
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

Title: D ( ) Delete
Name: D'AMATO, RICHARD
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

Title: D ( ) Delete
Name: FORNELL, GORDON
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

Title: S ( ) Delete
Name: EDMUNDSON, DANIEL
Address: 405 LEXINGTON AVE
City-St-Zip: NEW YORK, MY 10174

Title: T ( ) Delete
Name: MELONE, JOHN
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VCP (X) Change ( ) Addition
Name: CAMPBELL, SEAN M
Address: 12725 MORRIS ROAD EXT SUITE 180
City-St-Zip: ALPHARETTA, GA 30004

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

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

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

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: SEAN M CAMPBELL VCP 01/26/2009

Electronic Signature of Signing Officer or Director — Date