

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001579

FILED
Apr 11, 2012
Secretary of State

Entity Name: RESTORATION SYSTEMS INC.

Current Principal Place of Business:

458 DISTRIBUTION PKWY.
COILLERVILLE, TN 38017

New Principal Place of Business:

153 N MAIN ST
SUITE 104
COILLERVILLE, TN 38017

Current Mailing Address:

458 DISTRIBUTION PKWY.
COILLERVILLE, TN 38017

New Mailing Address:

153 N MAIN ST
SUITE 104
COILLERVILLE, TN 38017

FEI Number: 62-1861435

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

OFFICERS AND DIRECTORS:

Title: PS
Name: SIMMONS, DARRAL
Address: 9315 ENCLAVE GREEN LANE EAST
City-St-Zip: GERMANTOWN, TN 38139

Title: VT
Name: SIMMONS, JUDY
Address: 9315 ENCLAVE GREEN LANE EAST
City-St-Zip: GERMANTOWN, TN 38139

Title: CFO
Name: CHRISTOPHER, SIMMONS M
Address: 102 W NOLLEY DR
City-St-Zip: COLLIERVILLE, TN 38017

I hereby 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 all other like empowered.

SIGNATURE: CHRISTOPHER SIMMONS

CFO

04/11/2012

_____ Electronic Signature of Signing Officer or Director

_____ Date