

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F39035

FILED
Feb 08, 2008
Secretary of State

Entity Name: DATA FLOW SYSTEMS, INC.

Current Principal Place of Business:

605 N. JOHN RODES BLVD.
MELBOURNE, FL 32934

New Principal Place of Business:

Current Mailing Address:

605 N. JOHN RODES BLVD.
MELBOURNE, FL 32934

New Mailing Address:

FEI Number: 59-2103644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMAIDRIS, THOMAS F.
642 ROSSMOOR CIRCLE
MELBOURNE, FL 32940 US

Name and Address of New Registered Agent:

SMAIDRIS, THOMAS F
3568 CAPPJO DR.
MELBOURNE, FL 32940 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: THOMAS F SMAIDRIS

02/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SAUNDERS, ROGER B.
Address: 2 SPINNAKER POINT CT
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: PTS () Delete
Name: SMAIDRIS, THOMAS F,
Address: 642 ROSSMOOR CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SMAIDRIS, GLORIA A,
Address: 642 ROSSMOOR CIRCLE
City-St-Zip: MELBOURNE, FL 32940

Title: D () Delete
Name: SAUNDERS, LAURIE
Address: 2 SPINNAKER POINT CT
City-St-Zip: INDIAN HARBOR BEACH, FL

Title: D () Delete
Name: WHITLOCK, STEPHEN D.
Address: 164 DELAND AVENUE
City-St-Zip: INDIANALANTIC, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PTS (X) Change () Addition
Name: SMAIDRIS, THOMAS F,
Address: 3568 CAPPJO DR.
City-St-Zip: MELBOURNE, FL 32940

Title: D (X) Change () Addition
Name: SMAIDRIS, GLORIA A,
Address: 3568 CAPPJO DR.
City-St-Zip: MELBOURNE, FL 32940

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: THOMAS F SMAIDRIS

P

02/08/2008

Electronic Signature of Signing Officer or Director

Date