


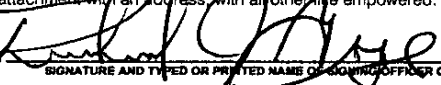


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90059 017 ***150.00

DOCUMENT # F56171 1. Entity Name EPSILON SYSTEMS, INC.					
Principal Place of Business 578 ORANGE GROVE W MELBOURNE, FL 32904 US			Mailing Address 2647 LAKESIDE DR WHITE PINE, TN 37890 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 216 RUNNING BRIAR RD Suite, Apt. #, etc.			
City & State City & State FLETCHER, NC		4. FEI Number 59-2141721		Applied For <input type="checkbox"/> Not Applicable	
Zip 28732		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRO-ACCT SERVICES INC 129 W HIBISCUS BLVD STE O MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name RICHARD HUTCHINSON Street Address (P.O. Box Number is Not Acceptable) 578 ORANGE GROVE City W. MELBOURNE, FL Zip Code 32904	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Richard E. Hutchinson 2/28/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS GAGE, RICHARD J. 2647 LAKESIDE DR WHITE PINE, TN 37890	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS GAGE, RICHARD J. 216 RUNNING BRIAR RD FLETCHER, NC 28732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other title empowered.					
SIGNATURE:  RICHARD J. GAGE 2/28/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

828-681-8212