


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 02, 2007 8:00 am
Secretary of State

04-02-2007 90097 002 ***150.00

DOCUMENT # F56171	
1. Entity Name EPSILON SYSTEMS, INC.	

Principal Place of Business 578 ORANGE GROVE W MELBOURNE, FL 32904 US	Mailing Address 216 RUNNING BRIAR RD FLETCHER, NC 28732 US
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address # 6 NITTANY PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State SIMPSONVILLE, SC	
Zip	Country	Zip 29681	Country USA

400311



03142007 Chg-P CR2E034 (12/06)

4. FEI Number 59-2141721		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent HUTCHINSON, RICHARD 578 ORANGE GROVE MELBOURNE, FL 32904		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDTS GAGE, RICHARD J. 216 RUNNING BRIAR RD FLETCHER, NC 28732 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 like empowered.

SIGNATURE: *[Signature]* **RICHARD J. GAGE, 3/20/07, 8643491672**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

PDTS