
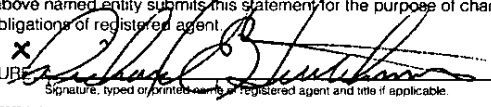



2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90030 030 ***150.00

DOCUMENT # F56171 1. Entity Name EPSILON SYSTEMS, INC.																													
Principal Place of Business 578 ORANGE GROVE W MELBOURNE, FL 32904 US				Mailing Address 56 NITTANY PLACE SIMPSONVILLE, SC 29681 US																									
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 231 GRANDE VIEW PKWY																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State		City & State MAYLENE, AL		4. FEI Number 59-2141721																									
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
Zip 35114		Country USA		Applied For Not Applicable																									
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:  RICHARD HUTCHINSON, AGENT, MAR 31, 2008 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PDTs</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>GAGE, RICHARD J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>216 RUNNING BRIAR RD</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>FLETCHER, NC 28732</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">PDTs</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>GAGE RICHARD J.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>231 GRANDE VIEW PKWY</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MAYLENE, AL, 35114</td> <td></td> </tr> </table> </div> </div>						TITLE	PDTs	<input type="checkbox"/> Delete	NAME	GAGE, RICHARD J.		STREET ADDRESS	216 RUNNING BRIAR RD		CITY-ST-ZIP	FLETCHER, NC 28732		TITLE	PDTs	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	GAGE RICHARD J.		STREET ADDRESS	231 GRANDE VIEW PKWY		CITY-ST-ZIP	MAYLENE, AL, 35114	
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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:  RICHARD J. GAGE MAR 31, 2008 , 205-358-8818 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													