
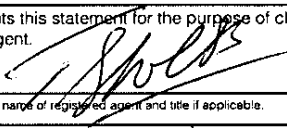
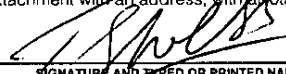


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90059 019 ***150.00

DOCUMENT # F95000003601 1. Entity Name DIAGNOSYS SYSTEMS INC.					
Principal Place of Business 102 PARK PLACE BLVD BLDG B STE 1 KISSIMMEE, FL 34741 US			Mailing Address 102 PARK PLACE BLVD BLDG B STE 1 KISSIMMEE, FL 34741 US		
2. Principal Place of Business 808 N. Hoagland Blvd.		3. Mailing Address 808 N. Hoagland Blvd.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Kissimmee, FL		City & State Kissimmee, FL		4. FEI Number 59-3273675	
Zip 34741		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WEBB, TIM 102 PARK PLACE BLVD BLDG B STE 1 KISSIMMEE, FL 34741		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 808 N. Hoagland Blvd. City Kissimmee FL Zip Code 34741			
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  Tim Webb, President 2/11/2005 <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, 2005 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	PDC <input type="checkbox"/> Delete CAWKELL, DAVID FORD ARUN SNAILING LN GREATHAM HAMPSHIRE GU33 6HQ, EN		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BARNARD, NIEL 30 BURDENS HOTT AVE RICHMOND SURREY TW10 5RD ENG,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC <input type="checkbox"/> Delete HEASMAN, PHILIP SQUIRRELS WOODLAND DRIVE EAST HRSLEY SURREY KT23 SAN ENGLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete WEBB, TIM S 3160 RUSTIC DRIVE KISSIMMEE, FL 34744		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete TIPLIN, DAVID R 54 NEWBOLT AVE CHEAM SURREY SM3 8E ENGLAND,		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CHANT, JOHN COMYN UPPER ANSTEY LANE ALTON HANTS GU34 4BP ENGLAND,		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 exemption stated in Section 119.07(3)(i), 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 another like empowered.					
SIGNATURE: 			Tim Webb, President 2/11/2005 407-846-6002 <small>Signature and typed or printed name of signing officer or director Date Daytime Phone #</small>		