


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # F95000003601 1. Entity Name DIAGNOSYS SYSTEMS INC.	
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Principal Place of Business 808 W HOAGLAND BLVD KISSIMMEE, FL 34741 US	Mailing Address 808 W HOAGLAND BLVD KISSIMMEE, FL 34741 US
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01232007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3273675	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WEBB, TIM 808 N HOAGLAND BLVD KISSIMMEE, FL 34741

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARNARD, NIEL 30 BURDENS HOTT AVE RICHMOND SURREY TW10 5RD ENG,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HEASMAN, PHILIP SQUIRRELS WOODLAND DRIVE EAST HRSLEY SURREY KT23 SAN ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, TIM S 3160 RUSTIC DRIVE KISSIMMEE, FL 34744
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TIPLIN, DAVID R 54 NEWBOLT AVE CHEAM SURREY SM3 8E ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHANT, JOHN COMYN UPPER ANSTEY LANE ALTON HANTS GU34 4BP ENGLAND,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/01/07-80016-009 150.00

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IN THIS SPACE**

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:  **TIM WEBB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/07 407-846-6002
Date Daytime Phone