## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000003601

Entity Name: DIAGNOSYS SYSTEMS INC.

FILED Apr 15, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
	AGLAND BLVI E, FL 34741	o Us	808 N HOAGLAND BLVD KISSIMMEE, FL 34741	US	
Current M	lailing Addres	s:	New Mailing Address:	New Mailing Address:	
	AGLAND BLVI E, FL 34741	O US	808 N HOAGLAND BLVD KISSIMMEE, FL 34741	US	
FEI Number	: 59-3273675	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	current Registered Agent:	Name and Address of N	ew Registered Agent:	
KISSIMME	AGLAND BLVE E, FL 34741	US	urpose of changing its registered of	ffice or registered agent, or both.	
	e of Florida.	submitte time statement for the p	arpooc or origing no registered of	moe of registered agent, or both,	
SIGNATUI	RE:				
	Electron	ic Signature of Registered Age	ent	Date	
Election Car	mpaign Financing	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title:	DC ()	Delete	Title: ( )	Ob ( ) 4 dditi	
Name: Address: City-St-Zip:			Name: Address: City-St-Zip:	Change ( ) Addition	
Address:	SQUIRRELS W SURREY KT23	LIP OODLAND DRIVE EAST HRSLEY SAN ENGLAND, Delete DRIVE	Address: City-St-Zip:	Change ( ) Addition  Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM WEBB PRES 04/15/2009