2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 16, 2006 08:00 AM
Secretary of State

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BY:

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1. Entity Name

SYSTEMS INTEGRATION AND IMAGING TECHNOLOGIES INCORPORATED

Principal Place of Business	Mailing Address
7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US	7901 4TH STREET NORTH SUITE 210 ST PETERSBURG FL 33702 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/05)

4. FEI Number 59-3349268 ☐ Applied For ☐ Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

BALKAN, THOMAS J
7901 4TH STREET NORTH
SUITE 200
ST. PETERSBURG FL 33702

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 acc the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Added to Fee

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD WALL, KARL J 700 1ST AVENUE SOUTH TIERRA VERDE FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	U00000470534 03/28/06-80018-010 150.00 ☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCNALLY, JOSEPH W 830 PINELLAS BAYWAY SOUTH TIERRA VERDE FL 33715	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD READ, WAYNE A 10901 BRIGHTON BAY BLVD SAINT PETERSBURG FL 33716	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD REINKING, LINDA L 2218 BIRCHBANK TRAIL CLEARWATER FL 34623	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS BALKAN, THOMAS J 7233 DANBURY WAY CLEARWATER BEACH FL 33764	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ A

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the inform 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 dir 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 Blo if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas J. Balkan, SECRETARY 3/7/06 (727)576-163
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #