

**ANNUAL REPORT****DOCUMENT # F96000001522**

1. Entity Name

**FAT FREE SYSTEMS, INC.**

Principal Place of Business

**968-1 PONDELLA RD  
N FT MYERS, FL 33903 US**

Mailing Address

**968-1 PONDELLA RD  
UNIT 1  
N FT MYERS, FL 33903 US****FILED**  
**Apr 12, 2006 08:00 AM**  
**Secretary of State**

03292006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
**16-1226568**Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**NOWACK, DAVID  
968-1 PONDELLA RD  
NORTH FT MYERS, FL 33903****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 reappointing)

4-10-06

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**9. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	NOWACK, DAVID A
STREET ADDRESS	968-1 PONDELLA RD
CITY- ST- ZIP	NORTH FT MYERS, FL 33903

TITLE	
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000000SD4985  
04/26/06-80098-009 150.00**DO NOT WRITE  
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

4-10-06