2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005762

Entity Name: TECHNICAL SYSTEMS INTEGRATION, INC.

FILED Jul 07, 2008 Secretary of State

Current Principal Place of Business:				New Princ	New Principal Place of Business:		
	ENBRIER CIRC	CLE					
SUITE 208 CHESAPE	3 EAKE, VA 233	20					
Current Mailing Address:				New Maili	New Mailing Address:		
R16 GREE	ENBRIER CIRC	N.E.					
SUITE 208							
El Number	: 54-1663877	FEI Numbe	er Applied For()	FEI Number Not Appl	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Reg	jistered Agent:	Name and	Address o	f New Registered Agent:	
	ARLOS R AGOON DR. CITY BEACH,	FL 32408	US				
	e named entity e of Florida.	submits this	statement for the pr	urpose of changing i	ts registered	d office or registered agent, or botl	
SIGNATUI	RE:						
	Electro	nic Signature	e of Registered Age	nt		Date	
			the corporation did not Contribution ().	receive the prior notic	e.		
OFFICER	S AND DIREC	TORS:		ADDITION	IS/CHANGE	ES TO OFFICERS AND DIRECTO	
Title: Name: Address: City-St-Zip:	P (BARTLETT, FF 608 ROYAL GI CHESAPEAKE	RANT DR		Title: Name: Address: City-St-Zip:		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	V (ROSS, NICHO 2716 BLAKE S VIRGINIA BEA	TREET		Title: Name: Address: City-St-Zip:	D ROSS, NICH 2716 BLAKE VIRGINIA BE		
Fitle: Name: Address: City-St-Zip:	S (HARPER, GEF 1525 OLDE MI SUFFOLK, VA	LL CREEK DR		Title: Name: Address: City-St-Zip:	D HARPER, G 1525 OLDE SUFFOLK, N	MILL CREEK DR	
	Т () Delete		Title:	٧	(X) Change () Addition	
√ame: Address:	LEWIS, CARL 6808 N. LAGO PANAMA CITY	OS R ON DR.	2408	Name: Address: City-St-Zip:		BARRY F DHOLME PLACE EACH, VA 23455	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	LEWIS, CARL 6808 N. LAGO PANAMA CITY	OS R ON DR. BEACH, FL 3) Delete		Address:	1136 BROA	DHOLME PLACE	

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: FRANCIS I. BARTLETT P 07/07/2008