## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000004362

1. Entity Name CDR SYSTEMS CORP.



Principal Place of Business

146 S. ATLANTIC AVE ORMOND BEACH, FL 32176 Mailing Address

146 S. ATLANTIC AVE ORMOND BEACH, FL 32176

## FILED Apr 17, 2006 8:00 am Secretary of State

04-17-2006 90400 024 \*\*\*150.00



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04052006 No Chg-P CR2E034 (11/05)

4. FEI Number 94-1725669

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCGRANE, EUGENE W JR. 146 S. ATLANTIC AVE ORMOND BCH, FL 32176

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	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or re	egistered agent, or both, in th	e State of Florida. I am familiar with, a	and accept
SIGNATURE.	Signature, typed or printed name of registered agent and title it	familianhla (MOTE: Peniste	rad Appet Flansture	required when reinstating)	DATE	<u>-</u>
	Signature, typed or printed name or registered agent and the in	applicadie. (NOTE: Registe	red Agent signature	required when reinstating)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. S5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS		TORS		•		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS MCGRANE, EUGENE W JR 146 S. ATLANTIC AVE ORMOND BEACH, FL 32176					
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE	i					

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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 the empowered.

SIGNATURE:

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

LIGHTH, M. THE STATE OF SIGNING OFFICER

Eugene W. M'Grane, Iv.

386-615-9510

ate

Daytime Phone #