
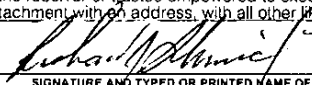


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90854 027 \*\*\*150.00

<b>DOCUMENT # F97000005043</b> 1. Entity Name <b>B D SYSTEMS, INC.</b>					
Principal Place of Business <b>385 VAN NESS AVENUE TORRANCE, CA 90509-2707 US</b>			Mailing Address <b>385 VAN NESS AVENUE TORRANCE, CA 90509-2707 US</b>		
2. Principal Place of Business - No P.O. Box # <b>21151 WESTERN AVE</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>TORRANCE CA</b>		City & State		4. FEI Number <b>95-3675882</b>	
Zip <b>90501</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V</b> <b>HOWARD, DONIVAN R</b> <b>385 VAN NESS AVE., SUITE 200</b> <b>TORRANCE, CA 90501</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PRESIDENT</b> <b>J. MICHAEL SMITH</b> <b>21151 WESTERN AVE</b> <b>TORRANCE CA 90501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>STD</b> <b>URSETTIE JR, HOWARD J</b> <b>385 VAN NESS AVE., STE 200</b> <b>TORRANCE, CA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHIEF FINANCIAL OFFICER</b> <b>RICHARD J. SCHMIDT</b> <b>21151 WESTERN AVE</b> <b>TORRANCE CA 90501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D</b> <b>GUILLORY, WEBSTER</b> <b>385 VAN NESS AVE., STE 200</b> <b>TORRANCE, CA</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>CHAIRMAN OF THE BOARD</b> <b>K. STUART SHEA</b> <b>21151 WESTERN AVE</b> <b>TORRANCE CA 90501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PCD</b> <b>HOWARD, CLARISA F</b> <b>385 VAN NESS AVE., STE 200</b> <b>TORRANCE, CA 905092707</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>TREASURER</b> <b>STEVEN P. FISHER</b> <b>21151 WESTERN AVE</b> <b>TORRANCE CA 90501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>SECRETARY</b> <b>PAUL H. GREINER</b> <b>21151 WESTERN AVE</b> <b>TORRANCE CA 90501</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.					
<b>SIGNATURE:</b>  <b>Richard J. Schmidt</b> <span style="float: right;"><b>4/26/07</b> <b>(310) 781-2448</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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