2007 FOR PROFIT CORPORATION

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ANNUAL ANNUAL	ANNUAL REPORT			Jan 16, 2007 08:00	
DOCUMENT # F9900001425			Secretary of Star		
Entity Name DOVER SYSTEMS, INC.				•	
DOVER 3131EWS, INC.					
Principal Place of Business	Mailing Address	<u></u>			
709 SIGMAN RD. Conyers, GA 30013	709 SIGMAN RD.				
CONTERS, GA SOUTS	CONYERS, GA 30013				
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and the second s	34 3 39	64 (A. ** * * * * * * * * * * * * * * * * *	58-2128804	Not Applicable	
		and the second second	5. Certificate of Status Desired [\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		And the second second			
CORPORATION SERVICE COMPANY			" DO NOT WE	ite .	
1201 HAYS STREET TALLAHASSEE, FL 32301-2525		erra e je	DO NOT WR		
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8. The above named entity submits this statement for the obligations of societared asset	he purpose of changing its registe	red office or register	ed agent, or both, in the State of Florida	. I am familiar with, and accept	
the obligations of registered agent.				,	
SIGNATURE Signature, typed or printed name of registered agent and	d title if applicable (NOTE: Register	ed Agent signature required	when reinstating)	DATE	
	9. Election Campaign Fina	neino CF	00		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			00 May Be ed to Fees		
10. OFFICERS AND D	IRECTORS	, e e e , e 8,6	and the second s		
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CITY-ST-ZIP CONYERS, GA 30013			unionisa	5875	
NAME TOLCHER, RAYMOND W		1	01/17/07-80	010-004 150.00	
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STREET ADDRESS CITY-ST-ZIP		*** ** ***	San Bras Allen and San San San		
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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 like empowered.

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

770-285-3100