

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 MAY -6 PM 12:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



05062008 Chg-P CR2E034 (12/06)

DOCUMENT # G03265 1. Entity Name THE UNITETTEYS SYSTEMS, INC.	
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Principal Place of Business 2624 NEZ PERCE TRAIL % EVANS A. TETTEY TALLAHASSEE, FL 32303	Mailing Address 2624 NEZ PERCE TRAIL % EVANS A. TETTEY TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip	City & State Zip	4. FEI Number 59-3031189	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent TETTEY, EVANS A 2624 NEZ PERCE TRAIL TALLAHASSEE, FL 32303	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	P	
NAME	TETTEY, EVANS A	<input type="checkbox"/>
STREET ADDRESS	2624 NEZ PERCE TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	1VP	<input checked="" type="checkbox"/>
NAME	KEPA, FELIX	
STREET ADDRESS	1327 HIGH RD #N5	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	ST	<input type="checkbox"/>
NAME	TETTEY, VICTORIA A	
STREET ADDRESS	2624 NEZ PERCE TRAIL	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	500128649685		
NAME	05/06/08--01024--016 **158.75		
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	1VP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NAME	WESLEY T. TETTEY		
STREET ADDRESS	2624 NEZ PERCE TRAIL		
CITY-ST-ZIP	TALLAHASSEE, FL 32303		
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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: _____ (Signature of Evans A. Tetey)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

KS