
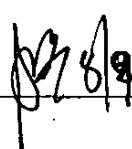
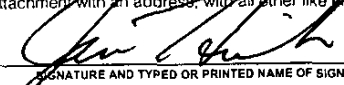


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # G09210 1. Entity Name VIASYS SERVICES, INC.						FILED 06 AUG -7 AM 9:40 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US				Mailing Address 26 LAKEWIRE DRIVE LAKELAND, FL 33815 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD-TEAM 1 PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 _____							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAY, BILLY V 1117 PERIMETER CENTER WEST ATLANTA, GA 30338 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/COO Jim Hemrich 26 Lake Wire Drive Lakeland, FL 33815 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPT SMITH, RAYMOND J 1117 PERIMETER CENTER WEST ATLANTA, GA 30338 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	100078751461 08/16/06--01018--001 **\$61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HALL, GERRY W 1117 PERIMETER CENTER WEST ATLANTA, GA 30338 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SMITH, RAYMOND J 1117 PERIMETER CENTER WEST ATLANTA, GA 30338 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS JENNINGS, ANDREA 26 LAKE WIRE DRIVE LAKELAND, FL 33815 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO BENAVIDES, ROGER 26 LAKE WIRE DRIVE LAKELAND, FL <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.							
SIGNATURE:  Jim Hemrich VP/COO 8/2/06 (863)607-9988 _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							