

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G28280

FILED  
Apr 14, 2011  
Secretary of State

**Entity Name:** SOPHISTICATED SYSTEMS, INC.

**Current Principal Place of Business:**

14480 62ND STREET NORTH  
CLEARWATER, FL 33760

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 6025  
CLEARWATER, FL 33758

**New Mailing Address:**

**FEI Number:** 59-2270804

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MCLEAD, KAREN S  
14480 62ND STREET NORTH  
CLEARWATER, FL 33760 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD  
Name: THOMAS, FRED A  
Address: 14480 62ND ST. N.  
City-St-Zip: CLEARWATER, FL 33760

Title: PCEO  
Name: THOMAS, JOHN C  
Address: 14480 62ND ST. N.  
City-St-Zip: CLEARWATER, FL 33760

Title: S  
Name: MCLEAD, KAREN S  
Address: 14480 62ND ST. N.  
City-St-Zip: CLEARWATER, FL 33760

Title: VTCO  
Name: EISCH, JAMES P  
Address: 14480 62ND ST. N.  
City-St-Zip: CLEARWATER, FL 33760

Title: CFO  
Name: MILNER, ROBERT  
Address: 14480 62ND ST. N.  
City-St-Zip: CLEARWATER, FL 33760

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KAREN S MCLEAD

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04/14/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date