

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H24987

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: MEDICT SYSTEMS, INC.

## Current Principal Place of Business:

550 NORTH REO STREET  
SUITE 300  
TAMPA, FL 33609 US

## New Principal Place of Business:

## Current Mailing Address:

550 NORTH REO STREET  
SUITE 300  
TAMPA, FL 33609 US

## New Mailing Address:

FEI Number: 59-2455594      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

MORAN, MARILYN E  
2585 DUAR TERRACE  
NORTH PORT, FL 34286 US

## Name and Address of New Registered Agent:

FLANAGAN & MENCHINGER, P.A.  
2831 RINGLING BLVD  
SUITE 204-B  
SARASOTA, FL 34237 US

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: THOMAS MENCHINGER

03/10/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: C/P ( ) Delete  
Name: HUTTON, C. THOMAS  
Address: 699 FRIENDS LAKE ROAD  
City-St-Zip: CHESTERTOWN, NY 12817 US

Title: D/S ( ) Delete  
Name: HUTTON, GAIL P  
Address: 699 FRIENDS LAKE ROAD  
City-St-Zip: CHESTERTOWN, NY 12817 US

Title: V ( ) Delete  
Name: MORAN, MARILYN E  
Address: 2585 DUAR TERRACE  
City-St-Zip: NORTH PORT, FL 34286 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: V (X) Change ( ) Addition  
Name: MORAN, MARILYN E  
Address: 4115 SOUTH NINE MILE RD, LOT #188  
City-St-Zip: ALLEGANY, NY 14706 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GAIL P. HUTTON

D/S

03/10/2006

Electronic Signature of Signing Officer or Director

Date