

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90176 050 ***150.00

DOCUMENT # H55235 1. Entity Name BUSINESS INFOSYSTEMS, INC.			
Principal Place of Business 406 ARCTURAS AVENUE, SUITE 2 CLEARWATER, FL 33765 US		Mailing Address 406 ARCTURAS AVENUE, SUITE 2 CLEARWATER, FL 33765 US	
2. Principal Place of Business 12 OLD TRAIL Suite, Apt. #, etc.		3. Mailing Address P.O. BOX 177 Suite, Apt. #, etc.	
City & State LAUREL, FL		City & State LAUREL, FL	
Zip 34272	Country US	Zip 34272	Country US
4. FEI Number 59-2541336		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DERBY, KATHRYN A 406 ARCTURAS AVENUE, SUITE TWO CLEARWATER, FL 33765		7. Name and Address of New Registered Agent Name DERBY, KATHRYN A. Street Address (P.O. Box Number is Not Acceptable) 12 OLD TRAIL P.O. BOX 177 City LAUREL, FL Zip Code 34272	
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: <i>Kathryn A. Derby, President</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE: 4/27/06 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
KATHRYN A. DERBY FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$500.00		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	PD DERBY, KATHRYN A 1258 FRANKLIN ST., APT. 3 CLEARWATER, FL	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <i>Kathryn A. Derby, President</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: 4/27/06 DAYTIME PHONE #: 941-445-0989	

KATHRYN A. DERBY