2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 08:00 AM
Secretary of State

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DOCUMENT # H55235 1. Entity Name BUSINESS INFOSYSTEMS, INC.					3	ecretar	y 01 Sta	
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Principal Plac		Mailing Address		┥				
12 OLD TRAI Laurel, Fl		P.O. BOX 177 Laurel, Fl. 34272 US		}				
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	O NOT WRITE	IN THIS SPA	CE	4. FEI Numb			Applied For	
				59-254		<u> </u>	Not Applicable	
	<u>Arminia kana kana kana kana kana kana kana </u>		awi kaliwal	5. Certificate	of Status Desired	Fee Re	5 Additional aquired	
	6. Name and Address of Current R	egistered Agent				Frankling to The		
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LAUREL, FL 34272				IN	THIS SP	ACE		
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8. The above	named entity submits this statement for	the purpose of changing its register	ed office or regis	tered agent, or bo	th, in the State of Flo	rida. I am familiar	with, and accept	
the obligati	ions of registered agent.					4		
SIGNATURE.	Signature, typed or printed name of registered agent an	d title é applicable. (NOTE: Registere	ed Agent augusture requ	rani when rengtaling)	·	DATE	-	
-				and mentors.	Učanane			
Fili After Ma	E NOW!!! FEE IS \$150.00 by 1, 2007 Fee will be \$660.00	 9. Election Campaign Finar Trust Fund Contribution. 		5.00 May Be dded to Fees	- 05/22/07-)755480 -80104004	150.00	
10.	OFFICERS AND D	and the second second				na na na Sa Vadaga na jaran ka	Maria (1990)	
πīLE	PD PD	11101010						
NAME STREET ADDRESS	DERBY, KATHRYN A							
CITY-ST-ZIP	12 OLD TRAIL, P.O. BOX 177 LAUREL, FL 34272							
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12. I hereby certify that the information supplied with this filling 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: Karly a Derly President 4/30/07 941-445-098

KATHEYN A. DORBY

NAME STREET ADDRESS CITY-ST-ZIP