

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J54797

FILED  
Apr 16, 2006  
Secretary of State

Entity Name: SYSTEMS IN MANAGEMENT COMPANY, INC.

## Current Principal Place of Business:

2957 CAPITAL PARK DRIVE  
SUITE 9  
TALLAHASSEE, FL 32301 US

## New Principal Place of Business:

## Current Mailing Address:

3111-20 MAHAN DRIVE  
#156  
TALLAHASSEE, FL 32308 US

## New Mailing Address:

FEI Number: 59-2768533      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HAYES, MARTIN  
322 MCDANIELS STREET  
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete  
Name: ELLINOR, ANDREA S  
Address: 9001 ANY OLD WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: V ( ) Delete  
Name: SMITH, R. LEE  
Address: 9001 ANY OLD WAY  
City-St-Zip: TALLAHASSEE, FL 32309

Title: T ( ) Delete  
Name: SIMKO, SUSIE B  
Address: 1015 BONITA DR.  
City-St-Zip: ALTAMONTE SPRING, FL

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANDREA S. ELLINOR

PSD

04/16/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date