


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 10, 2008 08:00 AM
Secretary of State

DOCUMENT # K34172 1. Entity Name SYSTEMS ENGINEERING AND LOGISTICS SUPPORT, INC.	
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Principal Place of Business 364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 US	Mailing Address 364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828 US
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01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2910824	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 HEMRICK, WILLIAM D 364 FAIRWAY POINTE CIRCLE ORLANDO, FL 32828
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DO NOT WRITE IN THIS SPACE

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 <u>William D Hemrick</u>	<u>WILLIAM D HEMRICK</u>	<u>8 JAN 08</u>
<small>(NOTE: Registered Agent signature required when reinstating)</small>		

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SYLVESTER, FREDERICK J 4250 BURMUDA AVE. SAULT ST. MARIE, MI 49783
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEMRICK, JAMES R 1040 CR ROAD 229 FIVE POINTS, AL 36855
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SYLVESTER, LOU F 4250 BURMUDA AVE. SAULT ST. MARIE, MI 49783
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HEMRICK, RUTH L 1040 CR ROAD 229 FIVE POINTS, AL 36855
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP HEMRICK, WILLIAM D 364 FAIRWAY POINT CIRCLE ORLANDO, FL 32828
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<p>U00000778368 01/10/08-80046-005 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>William D Hemrick</u>	<u>WILLIAM D HEMRICK</u>	<u>8 JAN 08</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>
		<small>Daytime Phone #</small>
		<u>407-384-8489</u>