## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# K37800

FILED Jun 22, 2009 Secretary of State

Entity Name:	OWEN BUS	SINESS SYSTEMS, INC.		
Current Princ	cipal Place of	f Business:	New Principal Place	of Business:
1749 NW 27TH POMPANO BE		064 US		
Current Maili	ing Address:		New Mailing Addres	s:
P O BOX 1004 P.O. BOX 1004 DEERFIELD B	)4	12 US		
FEI Number: 65-0	-0080042	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
OWEN, HOW, 20898 MORAE BOCA RATON The above nar in the State of I	N, FL 33433 med entity sub	US omits this statement for the pu	urpose of changing its registere	d office or registered agent, or both,
20898 MORAE BOCA RATON The above nar	N, FL 33433 med entity sub		urpose of changing its registere	d office or registered agent, or both,
20898 MORAE BOCA RATON The above nar in the State of	N, FL 33433 med entity sub Florida.			d office or registered agent, or both,  Date
20898 MORAE BOCA RATON The above nar in the State of I SIGNATURE:	N, FL 33433 med entity sub Florida.  Electronic with s. 607.193(2	omits this statement for the pu	nt	
20898 MORAE BOCA RATON The above nar in the State of I SIGNATURE:	N, FL 33433 med entity sub Florida.  Electronic with s. 607.193(2) ign Financing T	Signature of Registered Ager (b), F.S., the corporation did not rust Fund Contribution ( ).	nt receive the prior notice.	
20898 MORAE BOCA RATON The above nar in the State of I SIGNATURE: In accordance wi Election Campai OFFICERS AN Title: D Name: OV Address: 20	med entity sub Florida.  Electronic  with s. 607.193(2) ign Financing T	Signature of Registered Ager (b), F.S., the corporation did not rust Fund Contribution ( ).  DRS:	nt receive the prior notice.	Date

I hereby certify that the information supplied with this filing does not qualify 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: HOWARD OWEN **PRES** 06/22/2009