

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K76123

Entity Name: PACIOLI SYSTEMS, INC.

FILED
Feb 13, 2006
Secretary of State

Current Principal Place of Business:

1320 THOMASWOOD DRIVE
TALLAHASSEE, FL 323087393

New Principal Place of Business:

Current Mailing Address:

1320 THOMASWOOD DRIVE
TALLAHASSEE, FL 323087393

New Mailing Address:

FEI Number: 59-2952268

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRYANT, G. DON N., III
1320 THOMASWOOD DRIVE
TALLAHASSEE, FL 323087393 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: DP () Delete
Name: BRYANT, G. DON N., I, II
Address: 1320 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 323087393

Title: DST () Delete
Name: BRYANT, WILLIAM W. M., .
Address: 1320 THOMASWOOD DRIVE
City-St-Zip: TALLAHASSEE, FL 323087393

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: DON BRYANT

P

02/13/2006

Electronic Signature of Signing Officer or Director

Date