


2007 FOR PROFIT CORPORATION. ANNUAL REPORT

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L57456	
1. Entity Name FINANCIAL SYSTEMS NETWORK, INC.	

Principal Place of Business 8009 PINE GLEN RD SEBRING, FL 33870 US	Mailing Address 8009 PINE GLEN RD P.O. BOX 3946 SEBRING, FL 33871 US
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DO NOT WRITE IN THIS SPACE



01272007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2999213	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CLIFFORD M. ABLES III
457 S. COMMERCE AVENUE
SEBRING, FL 33870**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	DATE 02/06/07-80071-021 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHOONOVER, KORI PO BOX 3946 SEBRING, FL 33871
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S SCHOONOVER, DEBBIE, L P.O. BOX 3946 SEBRING, FL 338713946
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHOONOVER, KRISTI PO BOX 3946 SEBRING, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Debbie Schoonover* **DEBBIE SCHOONOVER** * 1-29-07 (863) 655-4878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #