

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M08330

FILED  
Jan 10, 2007  
Secretary of State

Entity Name: PEGASUS TECHNOLOGIES, INC.

## Current Principal Place of Business:

932 PILOT DRIVE  
GREEN COVE SPRINGS, FL 32043

## New Principal Place of Business:

## Current Mailing Address:

PEGASUS TECHNOLOGIES  
932 PILOT DR.  
GREEN COVE SPRINGS, FL 32043

## New Mailing Address:

FEI Number: 59-2538042      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILSON, DALE S  
718 NORTH ORANGE AVENUE  
GREEN COVE SPRINGS, FL 32043      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: D      ( ) Delete  
Name: LUDWIG, JEFFREY R  
Address: 5150 BELFORT RD., BLDG 500  
City-St-Zip: JACKSONVILLE, FL 32256

Title: V      ( ) Delete  
Name: GREEN, WILLIAM  
Address: REYNOLDS IND. PK. HWY 16  
City-St-Zip: GREEN COVE SPRGS, FL

Title: ST      ( ) Delete  
Name: WILSON, DALE S  
Address: 718 NORTH ORANGE AVENUE  
City-St-Zip: GREEN COVE SPRGS, FL 32043

Title: D      ( ) Delete  
Name: AGEE, MICHELLE  
Address: 783 CREIGHTON ROAD  
City-St-Zip: ORANGE PARK, FL 32003

Title: D      ( ) Delete  
Name: TRONE, DONALD  
Address: 12401 SAN VICTORIA NE  
City-St-Zip: ALBUQUERQUE, NM 87111

Title: P      ( ) Delete  
Name: SHAW, JIMMY  
Address: 12724 WESTPORT CIRCLE  
City-St-Zip: WEST PALM BEACH, FL 33414

## 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:

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: RANDY W. KNOTTS

MR.

01/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date