

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M15565

FILED  
Feb 14, 2006  
Secretary of State

Entity Name: HEALTH SYSTEMS TECHNOLOGIES, INC.

## Current Principal Place of Business:

6916 NW 66 AVE  
PARKLAND, FL 33067 US

## New Principal Place of Business:

## Current Mailing Address:

6916 NW 66 AVE  
PARKLAND, FL 33067 US

## New Mailing Address:

FEI Number: 59-2724552

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURGESS, JAMES L.  
6916 NW 66 AVE  
PARKLAND, FL 33067 US

## Name and Address of New Registered Agent:

BURGESS, JAMES L  
6916 NW 66 AVE  
PARKLAND, FL 33067 US

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: JAMES L. BURGESS

02/14/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PDS ( ) Delete  
Name: BURGESS, JAMES L  
Address: 6916 NW 66TH AVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: DVT ( ) Delete  
Name: BURGESS, IVETTE C  
Address: 6916 NW 66TH AVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: DV ( ) Delete  
Name: BURGESS, BRADLEY  
Address: 6916 NW 66TH AVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: DV ( ) Delete  
Name: BURGESS, RYAN  
Address: 6916 NW 66TH AVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: DV ( ) Delete  
Name: BURGESS, LEESA  
Address: 6916 NW 66TH AVE  
City-St-Zip: PARKLAND, FL 33067 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DV (X) Change ( ) Addition  
Name: BURGESS, BRADLEY J  
Address: 5767 N.W. 119 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: BURGESS, EVA A  
Address: 5767 N.W. 119 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33076 US

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: JAMES L BURGESS

PRES

02/14/2006

Electronic Signature of Signing Officer or Director

Date