2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 08, 2006 08:00 AM DOCUMENT # M79582 **Secretary of State** 1. Entity Name ACTA SYSTEMS, INCORPORATED Principal Place of Business Mailing Address % JACOB R. BLASIUS 10425 SAIL PLACE BOCA RATON FL 33498 % JACOB R. BLASIUS 10425 SAIL PLACE BOCA RATON FL 33498 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. it, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0048434 Not Applicable Zio Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BLASIUS, JACOB R. Street Address (P.O. Box Number is Not Acceptable) 10425 SAIL PLACE **BOCA RATON FL 33498** Zip Code 3. 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 Cignature, typed or primod trains of registered agont and little if applicable (NOTE Registered Agen) signature required when tensylating) DATE FILE NOW!!! FEE IS \$150,00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE D Delete DILE ☐ Change Addition MAME BLASIUS, JACOB R. NAME UQQQQQ46Q158 STREET ADDRESS 10425 SAIL PLACE STREET ADDRESS 03/18/06 80061-025 150.00 CHY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Dolete TITLE Change | ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete MILL THEFT ☐ Change Matter 🔲 Addition MAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-202 CHY-S1-ZIP BHF ☐ Defete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ACORESO CHY-ST-ZIP CITY-ST-ZTP TITLE Detete TITLE Change Change Addition NAME STREET ADDRESS SIREET ADDRESS CITY-ST-IN CITY - ST - ZIP TITLE Delete RILE ☐ Change Addition NAME NAME STREET ADDRESS SIREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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

FILED