

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000002252

FILED
May 02, 2005
Secretary of State

Entity Name: SYSTEM OF SUCCESS, INC.

Current Principal Place of Business:

1815 WEST 15TH STREET
PANAMA CITY, FL 32401

New Principal Place of Business:

1815 WEST 15TH STREET
SUITE #9
PANAMA CITY, FL 32401

Current Mailing Address:

1815 WEST 15TH STREET
PANAMA CITY, FL 32401

New Mailing Address:

1815 WEST 15TH STREET
SUITE #9
PANAMA CITY, FL 32401

FEI Number: 59-3636972 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DIXON, BARBARA A
5156 MARLA DRIVE
PANAMA CITY, FL 324046944 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

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: DIXON, BARBARA A
Address: 5156 MARLA DRIVE
City-St-Zip: PANAMA CITY, FL 324046944

Title: VPD () Delete
Name: DIXON, RALPH E
Address: 16657 NE 35TH STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: SD () Delete
Name: WARREN, ERNESTINE O
Address: 8147 HERITAGE WOODS DRIVE
City-St-Zip: PANAMA CITY, FL 32404

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA A. DIXON

PTD

05/02/2005

Electronic Signature of Signing Officer or Director

Date