

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010852

FILED  
Mar 19, 2009  
Secretary of State

Entity Name: SUCCESSFUL SYSTEMS, INC.

## Current Principal Place of Business:

699 CLAY STREET  
WINTER PARK, FL 32789 US

## New Principal Place of Business:

## Current Mailing Address:

699 CLAY STREET  
WINTER PARK, FL 32789 US

## New Mailing Address:

FEI Number: 20-0513527

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

RIVERS, MICHELE B  
2010 BOBTAIL DRIVE  
MAITLAND, FL 32751 US

## Name and Address of New Registered Agent:

KOPLow, MICHELE B  
2010 BOBTAIL DRIVE  
MAITLAND, FL 32751 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: MICHELE B. KOPLow

03/19/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: RIVERS, MICHELE B  
Address: 2010 BOBTAIL DRIVE  
City-St-Zip: MAITLAND, FL 32751

Title: V ( ) Delete  
Name: MONTALVO, TIMOTHY F  
Address: 2500 PERSHING AVE  
City-St-Zip: ORLANDO, FL 32806 US

Title: S ( ) Delete  
Name: MONTALVO, JAMES  
Address: 2500 PERSHING AVE.  
City-St-Zip: ORLANDO, FL 32806

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KOPLow, MICHELE B  
Address: 2010 BOBTAIL DRIVE  
City-St-Zip: MAITLAND, FL 32751

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE B. KOPLow

P

03/19/2009

Electronic Signature of Signing Officer or Director

Date