## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000089700

Entity Name: FUNDAMENTAL TECHNOLOGY SYSTEMS, INC

FILED Jan 05, 2006 Secretary of State

The state of the s							
Current Principal Place of Business:				New Principal Place of Business:			
205 N CHASE CT ALTAMONTE SPRINGS, FL 32714				7081 GRAND NATIONAL DRIVE 114 ORLANDO, FL 32819			
Current Mailing Address:				New Mailing Address:			
205 N CHASE CT ALTAMONTE SPRINGS, FL 32714				7081 GRAND NATIONAL DRIVE 114 ORLANDO, FL 32819			
FEI Number:	59-3677138	FEI Number Applied For ( )	FEI Num	ber Not Appli	cable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
HATCHER, STEPHEN B ESQ 315 E ROBINSON ST, STE 600 ORLANDO, FL 32801 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:							
Electronic Signature of Registered Agent Date  Election Campaign Financing Trust Fund Contribution ( ).							
,				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	TOOLE, JAMES 205 N CHASE C ALTAMONTE SP			Title: Name: Address: City-St-Zip: Title: Name:	D TOOLE, JAN 205 N CHAS ALTAMONTI D NIELSEN, R	SE CT E SPRINGS, FL 32714 US (X) Change ()Addition	
Address: City-St-Zip:	8708 SUMMERVILLE PL ORLANDO, FL 32819			Address: City-St-Zip:	1723 LAKE ROBERTS CT WINDERMERE, FL 34786 US		
Title: Name: Address: City-St-Zip:	D () I DEBARDELEBEI 2549 GRASSY P LAKE MARY, FL	OINT DR, #109		Title: Name: Address: City-St-Zip:	D BROWN, JA 1675 EAGLI	(X) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	()	Delete		Title: Name: Address: City-St-Zip:	D NIX, ROBEF 8712 KENM ORLANDO,		
Title: Name: Address: City-St-Zip:	()[	Delete		Title: Name: Address: City-St-Zip:		()Change(X)Addition TEPHEN AGE BAY CIRCLE FL 32836 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 TOOLE D 01/05/2006