2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108171

557 CARO COURT

NEW SMYRNA BEACH, FL 32168

Address:

City-St-Zip:

FILED Feb 25, 2008 Secretary of State

Entity Na	me: SYSTEM	TECH SERVICES, INC.			
Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
401 S. SR 434 SUITE #1050 ALTAMONTE SPRINGS, FL 32714				851 CENTRAL PARK DRIVE SANFORD, FL 32771	
Current M	lailing Addres	ss:	New Mailing Addre	New Mailing Address:	
557 CARC NEW SMY) COURT 'RNA BEACH,	FL 32168			
FEI Number	: 59-3681183	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	Name and Address of New Registered Agent:	
TOWE, ROBERT L 401 S.S.R. 434, SUITE 1050 ALTAMONTE SPRINGS, FL 32714 US			851 CENTRAL PARI	TOWE, ROBERT L PRES. 851 CENTRAL PARK DRIVE SANFORD, FL 32771 US	
	named entity e of Florida.	submits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATU	RE: ROBERT	L. TOWE		02/25/2008	
Electronic Signature of Registered Agent			ent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (TOWE, ROBER 557 CARO COI NEW SMYRNA	JRT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TOWE, KIM-AN 557 CARO CO		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V (LAWRENSON, 2450 WASSUN CHULUOTA, FL	1TRL.	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	S () Delete INF	Title:	() Change () Addition	

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

Address:

City-St-Zip:

SIGNATURE: KIM-ANNE TOWE S 02/25/2008