## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 27, 2006 8:00 am Secretary of State

1. Entity Nam	MENT # P00000109 SYSTEM DESIGN, INC.	9801			03-27-2006	5 90240 01	4 ***150	0.00
Principal Place	e of Business	Mailing Address	<del>. L</del>	<del>-</del>				
71 YUCCA ST MIDDLEBURG	REET	71 YUCCA STREET MIDDLEBURG, FL 320	68					
2. Principal P	face of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03152006	Chg-P	CR2E0	34 (11/05)	
City & State	9	City & State		4. FEI Numbe 59-3684		_		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired		8.75 Add	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New	Registered A	gent	
MILLER, DANIEL E 71 YUCCA STREET MIDDLEBURG, FL 32068			Name Street Addres	ss (P.O. Box Numbe	r is Not Acceptab	le)		
						<del></del> ,		
			City		<del></del>	FL	Zip Cod	9
	named entity submits this statement for ions of registered agent.	or the purpose of changing its	registered office or regis	stered agent, or bot	n, in the State of F	lorida. I am f	amiliar with,	and accept
SIGNATURE_								
SIGNATURE_	Signature, typed or printed name of registered agent	and title if applicable. (NOTI	E: Registered Agent signature req	uired when reinstating)		DATE		
FIL	Signature, typed or printed name of registered agent  E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campa	ign Financing	uired when reinstating) \$5.00 May Be Added to Fees	-	DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.	9. Election Campai Trust Fund Cont	ign Financing	\$5.00 May Be Added to Fees	CHANGES TO OF	<u> </u>	DIRECTOR	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 signature shall have the same legal effect as if made under cath; 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.

CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/06

1904)610-8724