
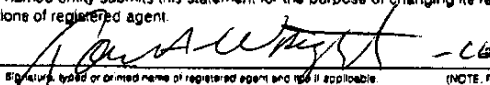



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT****FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90107 002 \*\*\*150.00

<b>DOCUMENT # P00000117513</b>					
1. Entity Name FILTER SYSTEMS, INC.					
Principal Place of Business 4400 EAST PORT PARKWAY PORT ORANGE, FL 32127			Mailing Address 4400 EAST PORT PARKWAY PORT ORANGE, FL 32127		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
4. FEI Number 52-2284806				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WRIGHT, TOM A 1158 MOTORCOACH DRIVE POLK CITY, FL 33868			Name TOM A. WRIGHT Street Address (P.O. Box Number is Not Acceptable)  4400 EAST PORT PARKWAY City PORT ORANGE FL Zip Code 32127		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  - CEO 4-25-05 <small>Signature, typed or printed name of registered agent and not applicable (NOTE: Registered Agent signature required when resigning) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution, <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WRIGHT, TOM A 1158 MOTORCOACH DRIVE POLK CITY, FL 33868 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TOM A. WRIGHT 4400 EAST PORT PARKWAY PORT ORANGE, FL 32127 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V OVERBY, KEN 4400 EASTPORT PARKWAY PORT ORANGE, FL 32127 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  - CEO 4-25-05 386-304-0411 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



04262005 Chg-P CR2E034 (10/03)