2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000003641

FILED Apr 05, 2006 Secretary of State

Entity Name: K.I.S. COMPUSYS INC. **Current Principal Place of Business: New Principal Place of Business:** P.O. BOX 541478 GREENACRES, FL 33454 **Current Mailing Address: New Mailing Address:** P.O. BOX 541478 GREENACRES, FL 33454 FEI Number: 65-1097595 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FORREST, D P.O. BOX 541478 GREENACRES, FL 33454 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 (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCEO () Delete
 Title:
 PCEO (X) Change () Addition

 Name:
 FORREST, D
 Name:
 FORREST, D

 Address:
 3540 MIRAMONTES CIRCLE
 Address:
 P.O. BOX 541478

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: GREENACRES, FL 33454

Title: Title: SV () Delete (X) Change () Addition Name: FORREST, C Name: FORREST, C 3540 MIRAMONTES CIRCLE Address: P.O. BOX 541478 Address: WELLINGTON, FL 33414 GREENACRES, FL 33454 City-St-Zip: City-St-Zip:

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: D. FORREST CEO 04/05/2006