## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: \_\_

**FILED** Apr 18, 2005 08:00 AM

727-459 0 80 2 Dayume Phone #

DOCUMENT # P0100007154  1. Entity Name KSY SYSTEMS, INC.			Secretary of State			
Principal Place 2532 SURIN HOLIDAY, FI	IAM CT	failing Address 2532 SURINAM CT HOLIDAY, FL 34691 US		1		2011
C	OO NOT WRITE II	CE	04122005 No Chg-P CR2E034 (10/03)  4. FEI Number			
	RINAM CT , FL 34691	DO NOT WRITE IN THIS SPACE				
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  Signature typed or printed name of registered agent and tible if applicable. (NOTE. Registered Agent signature required when renotating)  DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution.			ncing \$5.	.00 May Be ed to Fees		
TO.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME	OFFICERS AND DIRECT P YASSA, KARIM S 2532 SURINAM CT HOLIDAY, FL 34691	CTORS	***************************************		U00000 — 04/18/05-	312530 80087-014 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS				DΩ	NOT WI	RITF
CITY-ST-ZIP  TITLE NAME STREET ADORESS CITY-ST-ZIP					THIS SP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NAME STREET ADDRESS CITY-ST-ZIP	portify that the information concilled with this for	ling does not qualify for the age	motion stated in Pa	orion 118 07/01/	D Florida Statutas 15	urther entity that the information
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.						