

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000019535

Entity Name: SYSTIX, INC.

FILED  
Jan 24, 2005  
Secretary of State

## Current Principal Place of Business:

1850 FOREST HILL BLVD.  
STE 109  
WEST PALM BEACH, FL 33406

## Current Mailing Address:

1850 FOREST HILL BLVD.  
STE 109  
WEST PALM BEACH, FL 33406

## New Principal Place of Business:

1850 FOREST HILL BOULEVARD  
SUITE 109  
WEST PALM BEACH, FL 33406

## New Mailing Address:

1850 FOREST HILL BOULEVARD  
SUITE 109  
WEST PALM BEACH, FL 33406

FEI Number: 65-1081241

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MCCRACKEN, JOHN B  
505 SOUTH FLAGLER DR STE 1100  
WEST PALM BEACH, FL 33401 US

## Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC  
505 SOUTH FLAGLER DRIVE  
SUITE 1100  
WEST PALM BEACH, FL 33401 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: JOHN B. MCCracken, MANAGER

01/24/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: WILSON, MARK  
Address: 11758 PARADISE COVE LN.  
City-St-Zip: WELLINGTON, FL 33467

Title: DVP ( ) Delete  
Name: WILSON, BRUCE  
Address: 1966 OCEAN RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32963

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: WILSON, MARK  
Address: 316 N.W. 17TH TERRACE  
City-St-Zip: POMPANO BEACH, FL 33069

Title: DVP (X) Change ( ) Addition  
Name: WILSON, BRUCE  
Address: 1966 OCEAN RIDGE CIRCLE  
City-St-Zip: VERO BEACH, FL 32963

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK WILSON

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01/24/2005

Electronic Signature of Signing Officer or Director

Date