


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 11, 2006 8:00 am**  
**Secretary of State**

07-11-2006 90026 017 \*\*\*150.00

<b>DOCUMENT # P01000042808</b>		
1. Entity Name IRIDIAN SYSTEMS, INC.		

Principal Place of Business 8826 N. DAVIS HWY #1 PENSACOLA, FL 32514	Mailing Address 3155 PEGGY BOND RD STE 2 PENSACOLA, FL 32514
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2. Principal Place of Business		3. Mailing Address 8826 N. Davis Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #1	
City & State		City & State Pensacola FL	
Zip	Country	Zip	Country
32514	USA	32514	USA

90030110



07052006 Chg-P CR2E034 (11/05)

4. FEI Number 59-3714853	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 CAVINS, BILLIE G 3155 PEGGY BOND RD STE 2 PENSACOLA, FL 32514		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 8826 N. Davis Hwy #1 City Pensacola FL Zip Code 32514	
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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 Billie G. Cavins Billie G. Cavins 7/5/06  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAVINS, BILLIE G 3155 PEGGY BOND RD, STE 2 PENSACOLA, FL 32514 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Cavins, Billie G. 8826 N. Davis Hwy #1 Pensacola FL 32514 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: Billie G. Cavins Billie G. Cavins 7/5/06 850-476-2220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #