

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000104581

Entity Name: HUDSTAR SYSTEMS, INC.

FILED
Sep 02, 2005
Secretary of State

Current Principal Place of Business:

2200 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

2200 NORTH FLORIDA MANGO ROAD
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 65-1150061

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DRIVE, SUITE 400
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SARVELA, JAAKKO
Address: 2200 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: KUUTTI, TOM
Address: 2200 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

Title: D () Delete
Name: SAARINEN, ANTTI
Address: 2200 NORTH FLORIDA MANGO ROAD
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TOM KUUTTI

D

09/02/2005

Electronic Signature of Signing Officer or Director

Date