


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAY 11 AM 8:45

DOCUMENT # P02000052450			
1. Entity Name HI-TECH SYSTEM ASSOCIATES, INC.			
Principal Place of Business 6820 MILLHOPPER RD GAINESVILLE, FL 32653		Mailing Address 6820 MILLHOPPER RD GAINESVILLE, FL 32653	
2. Principal Place of Business 2912-1 Crescent Drive <small>Suite, Apt. #, etc.</small>		3. Mailing Address 2912-1 Crescent Drive <small>Suite, Apt. #, etc.</small>	
City & State Tallahassee, Florida		City & State Tallahassee, Florida	
Zip 32301	Country	Zip 32301	Country
6. Name and Address of Current Registered Agent CHRISTMAS, JOHN H JR 6820 MILLHOPPER RD GAINESVILLE, FL 32653		4. FEI Number 04-3667853 <small>Applied For Not Applicable</small>	
7. Name and Address of New Registered Agent Jason Wester <small>Street Address (P.O. Box Number is Not Acceptable) 2912-1 Crescent Drive</small> Tallahassee FL 32301		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 <u>Jason Wester, President</u> 5-4-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD CHRISTMAS, JOHN H JR 6820 MILLHOPPER RD GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO/D Jason Wester 2912-1 Crescent Drive Tallahassee, Florida 32301 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD CHRISTMAS, GRACE 6820 MILLHOPPER RD GAINESVILLE, FL 32653 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John H. Christmas, Jr. 6820 Millhopper Road Gainesville, Florida 32653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHRISTMAS, JOHN H III 3857 SW 1ST AVENUE GAINESVILLE, FL 32607 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400075108584 05/24/06--01003--016 **\$61.25
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
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: Jason Wester, President		5-4-06 (850) 658-7649	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	