

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90308 029 \*\*\*150.00

<b>DOCUMENT # P03000051837</b>					
<b>1. Entity Name</b> AFFORDABLE SYSTEMS INC.					
<b>Principal Place of Business</b> P.O. BOX 2124 SANTA ROSA BEACH, FL 32459			<b>Mailing Address</b> P.O. BOX 2124 SANTA ROSA BEACH, FL 32459		
<b>2. Principal Place of Business</b> 1661 Goldsby Rd Suite, Apt. #, etc. Unit E-2			<b>3. Mailing Address</b> PO Box 6638 Suite, Apt. #, etc.		
<b>City &amp; State</b> Santa Rosa Bch, FL			<b>City &amp; State</b> Miramar Bch, FL		
<b>Zip</b> 32459		<b>Country</b> USA		<b>Zip</b> 32550	
<b>Country</b> USA		<b>4. FEI Number</b> 33-1057769			
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FARRISH, AUDREY 804 CHURCHILL BAYOU RD. SANTA ROSA BEACH, FL 32459					
<b>7. Name and Address of New Registered Agent</b> Name: Loralyn Edwards Street Address (B.O. Box Number is Not Acceptable): 838 Madge Lane City: Santa Rosa Bch FL Zip Code: 32459					
<b>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.</b> SIGNATURE: <u>Loralyn Edwards</u> (NOTE: Registered Agent signature required when reinstating) DATE:					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> P <b>NAME</b> KEMPER, GARY <b>STREET ADDRESS</b> P.O. BOX 2124 <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete				
<b>TITLE</b> V <b>NAME</b> EDWARDS, RAYMON <b>STREET ADDRESS</b> P.O. BOX 2124 <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete				
<b>TITLE</b> TS <b>NAME</b> EDWARDS, LORALYN <b>STREET ADDRESS</b> P.O. BOX 2124 <b>CITY-ST-ZIP</b> SANTA ROSA BEACH, FL 32459	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
PO Box 6638 Miramar Bch, FL 32550					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
PO Box 6638 Miramar Bch, FL 32550					
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
PO Box 6638 Miramar Bch, FL 32550					
<b>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.</b>					
<b>SIGNATURE:</b> <u>Loralyn Edwards</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: _____ Daytime Phone #: _____					