2004 FOR PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # POSOCO04836



FILED Mar 15, 2004 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	1. Entity Name	DUNDARY SYSTEMS, INC.					03-15-2004 90080 013 ***158.75				
PLANT CITY, FL 33566 2. Principal Place of Business 3. Mailing Actress 4. FEI Number 5. Conflicate of Status Desired 5. Conflicate of Status	•			•							
Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. 03012004 Chg-P CR2E034 (10/03) City & State City & State 4, FEI Number FAI Replaced for No. Application Zip Country Zip Country 5, Certificate of Status Desired \$8.75 Additional Fee Requirement Replaced Approximately \$8.75 Additional Fee Requirement Replaced Approximately Replaced Approxima							4 400 824 100 1 427				an kar
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Zip Country	Suite, Apt. #, etc.			Suite, Apt. #, etc.			03012004	Chg-P	CR2E0	34 (10/03)	
S. Certificate of Status beared Fee Required Fe	City & State			City & State		4. FEI Number	20259	41			
Name NITCHEL, MICHAEL S 2918 FOREST CLUB DRIVE PLANT CITY, FL 33566 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 acoust the obligations of registered agent. Signature Speakin, howed or printed name of registered agent and take if applicable. NOTE: Pegistered Agent signature invasives when recreating) DATE FILE NOWNIT FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITE NAME NITCHEL, MICHAEL S SIRET ADDRESS CITY-ST-2P PLANT CITY, FL 33566 TITE NAME MITCHEL, SUSAN M MYOUND AGENT ADDRESS CITY-ST-2P TITLE D Detele TITLE D Detele TITLE D DETERMENT ADDRESS CITY-ST-ZPP D D	Zip	Country	Z	Zip	Coun	try	5. Certificate	of Status Desired			
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	6. Name and Address of Current Registered Agent					Nome	7. Name and	Address of New I	Registered /	Agent	
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 accertified by the obligations of registered agent and see a applicable. SIGNATURE Signature, typed or protect registered agent and see a applicable. (NOTE: Registered Agent signature required when renstating) DATE FILE NOWNII FEE IS \$150.00 After May 1, 2004 Fee writi be \$550.00 P. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. TITLE MITCH DOWNIE FEE IS \$150.00 WITCHEL, MICHAEL S SIRET ADDRESS CITY-ST-7IP FUND Delete TITLE DOWNIE FEE IS \$150.00 OFFICERS AND DIRECTORS IN 11. OFFICERS AND D	2918 FOR	EST CLUB DRIVE					(P.O. Box Numb	er is Not Acceptabl	e)		
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12. I hereby certify that the information supplied with this filling 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 proper in true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or direct of the control of the c			Landah Abir A	lling dans not mustice 4			Contion 440 07/2	Vi) Borida Statutas	i further on	artify that the i	nformation

Telescoperated Susan M. Mitchel 3/1/04 752-0505

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