


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90193 042 \*\*\*150.00

|                                       |                                                                                   |
|---------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # P03000094319</b>        |  |
| 1. Entity Name<br><b>SISTEK, INC.</b> |                                                                                   |

|                                                                                         |                                                                             |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|
| Principal Place of Business<br><b>6895 PENTLAND WAY APT 104<br/>FORT MYERS FL 33912</b> | Mailing Address<br><b>6895 PENTLAND WAY APT 104<br/>FORT MYERS FL 33912</b> |
|-----------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|

|                                                             |                                                 |
|-------------------------------------------------------------|-------------------------------------------------|
| 2. Principal Place of Business<br><b>7160 Twin Eagle Ln</b> | 3. Mailing Address<br><b>7160 Twin Eagle Ln</b> |
| Suite, Apt. #, etc.                                         | Suite, Apt. #, etc.                             |

|                                      |                                       |
|--------------------------------------|---------------------------------------|
| City & State<br><b>Fort Myers FL</b> | City & State<br><b>Fort Myers, FL</b> |
| Zip<br><b>33912</b>                  | Zip<br><b>33912</b>                   |
| Country<br><b>USA</b>                | Country<br><b>USA</b>                 |

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>55-0847974</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                           |                                       |
|-----------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|-----------------------------------------------------------|---------------------------------------|

|                                                                                                                                      |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><b>DESOUZA, JOSE GEORGE<br/>6895 PENTLAND WAY APT 104<br/>FORT MYERS FL 33912</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|--|

|                                                                                                                                                                                                                             |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 7. Name and Address of New Registered Agent<br>Name <b>DESOUZA JOSE GEORGE</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>7160 Twin Eagle Ln</b><br>City <b>Fort Myers</b> <b>FL</b> Zip Code <b>33912</b> |  |
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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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable</small> | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |
|----------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------|

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

|                                                                                     |                                    |
|-------------------------------------------------------------------------------------|------------------------------------|
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees |
|-------------------------------------------------------------------------------------|------------------------------------|

| 10. OFFICERS AND DIRECTORS                     |                                                                                                                         |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DESOUZA, JOSE GEORGE<br/>6895 PENTLAND WAY APT 104<br/>FORT MYERS FL 33912</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>DESOUZA, MARIA A<br/>6895 PENTLAND WAY APT 104<br/>FORT MYERS FL 33912</b> <input type="checkbox"/> Delete     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete                                                                                         |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |                                                                                                                                   |
|-------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7160 Twin Eagle Ln<br/>Fort Myers FL 33912</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>7160 Twin Eagle Ln<br/>Fort Myers FL 33912</b> |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Section 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:**  (D) **Maria A. DeSouza** 2-27-06 239-437-1203  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #