


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90188 030 \*\*\*158.75

<b>DOCUMENT # P04000000764</b>	
1. Entity Name <b>COGON SYSTEMS, INC.</b>	

Principal Place of Business <b>17 SO PALAFOX PL STE 300 PENSACOLA, FL 32502</b>	Mailing Address <b>PO BOX 13025 PENSACOLA, FL 32591-3025</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40079243



04282006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0547921</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>BEGGS &amp; LANE, RLLP. 501 COMMENDENCIA ST PENSACOLA, FL 32502</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$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	<b>PCD NGUYEN, HUY B CEO/PRE 1019 WIND CHIME WAY PENSACOLA, FL 32503</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HSU, DAVID H. CTO 4805 NASH DRIVE FAIRFAX, VA 22032</b> <input checked="" type="checkbox"/> Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD HSU, DAVID H CTO 9810 FLINTRIDGE CT FAIRFAX, VA 22032</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PETERSON, DOUGLAS A. 5134 COCOA DRIVE PENSACOLA, FL 32526</b> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SHANHOLTZ, GERALD D DIR 31 W GARDEN ST STE 100 PENSACOLA, FL 32502</b> <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	<b>D DAVID, ROBERT G DIR 31 W GARDEN ST STE 100 PENSACOLA, FL 32502</b> <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	<b>D LEHMANN, DALE D 3220 KINGSMILL DR PACE, FL 32571</b> <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	<b>VTS ROONEY, PATRICK G EVP/CFO 17 SO PALAFOX PL STE 300 PENSACOLA, FL 32502</b> <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:** Patrick G Rooney Patrick G Rooney, EVP 4-28-06 850.429.1633 x303  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #