


# 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 COGON SYSTEMS, INC.	

Principal Place of Business 17 SO PALAFOX PL STE 300 PENSACOLA, FL 32502	Mailing Address PO BOX 13025 PENSACOLA, FL 32591-3025
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40079243



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

04282006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent	
BEGGS & LANE, RLLP. 501 COMMENDENCIA ST PENSACOLA, FL 32502	

7. Name and Address of New Registered Agent	
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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD NGUYEN, HUY B CEO/PRE <input type="checkbox"/> Delete 1019 WIND CHIME WAY PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HSU, DAVID H CTO <input type="checkbox"/> Delete 9810 FLINTRIDGE CT FAIRFAX, VA 22032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHANHOLTZ, GERALD D DIR <input type="checkbox"/> Delete 31 W GARDEN ST STE 100 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVID, ROBERT G DIR <input type="checkbox"/> Delete 31 W GARDEN ST STE 100 PENSACOLA, FL 32502
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEHMANN, DALE D <input type="checkbox"/> Delete 3220 KINGSMILL DR PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTS ROONEY, PATRICK G EVP/CFO <input type="checkbox"/> Delete 17 SO PALAFOX PL STE 300 PENSACOLA, FL 32502

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HSU, DAVID H. CTO 4805 NASH DRIVE FAIRFAX, VA 22032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PETERSON, DOUGLAS A. 5134 COCOA DRIVE PENSACOLA, FL 32526
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"/> Change <input type="checkbox"/> Addition
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"/> 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 #