## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 09, 2008 08:00 All Secretary of State **DOCUMENT # P04000012117** 1. Entity Name DISTRIBUTED NETWORK SYSTEMS, INC. Principal Place of Business Mailing Address 918 ARPEIKA DRIVE 918 ARPEIKA DRIVE LAKELAND, FL 33813 LAKELAND, FL 33813 03292008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0636159 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. DO NOT WRITE 1840 SW 22ND ST. 4TH FLOOR IN THIS SPACE MIAMI, FL 33145 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. (2.2) SIGNATURE Signature, typed or printed name of requisered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 04/21/08-80018-016 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME BANKS, JOHN R STREET ADDRESS 918 ARPEIKA DRIVE CITY-ST-ZIP LAKELAND, FL 33813 TITLE BANKS, BARBARA C NAME STREET ADDRESS 918 ARPEIKA DRIVE LAKELAND, FL 33813 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST-71P IN THIS SPACE STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY (ST-7/P- 4V STREET ADDRESS CITY ST-7IP

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 eath; 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.

I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information

SIGNATURE: Barbar Charge 4-1-00