

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90216 004 ***150.00

DOCUMENT # P04000013022

1. Entity Name
ANALYTIC DATA SYSTEMS, INC.



Principal Place of Business
20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US

Mailing Address
20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801 US



04132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
20-0694080

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HABER, LAWRENCE ESQ.
20 NORTH ORANGE AVENUE
SUITE 1400
ORLANDO, FL 32801

Name Berman, Kean & Riquera, P.A.
Street Address (P.O. Box Number is Not Acceptable)

2101 W. Commercial Blvd., Ste. 2800

City Ft. Lauderdale

FL

Zip Code 33309

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Jose Riquera, Esq

4-24-06

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 D ☐ Delete
NAME CARLSON, JASON
STREET ADDRESS 3838 RAYMERT DRIVE, SUITE 3
CITY-ST-ZIP LAS VEGAS, NV 89121

TITLE D ☒ Change ☐ Addition
NAME Jason Carlson
STREET ADDRESS 26 N. orange Ave., Ste. 1400
CITY-ST-ZIP Orlando, FL 32801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Apr. 25, 2006