2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000021031

Entity Name: HIGH-FIDELITY SYSTEMS, INC.

955 MLK DRIVE, SUITE E

TARPON SPRINGS, FL 34689 US

Address:

City-St-Zip:

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:		New Principal Place	New Principal Place of Business:	
	IN LUTHER KING DR			
STE E TARPON :	SPRINGS, FL 34689 US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
	TIN LUTHER KING DR			
STE E TARPON	SPRINGS, FL 34689 US			
FEI Number	: 06-1717605 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of Current Registered Agent	t: Name and Address o	f New Registered Agent:	
STE E	E FIN LUTHER KING DR SPRINGS, FL 34689 US			
	e named entity submits this statement for t e of Florida.	the purpose of changing its registered	d office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered	Agent	Date	
Election Ca	mpaign Financing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P () Delete MIANI, JOE 955 MLK DRIVE , SUITE E TARPON SPRINGS, FL 34689 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () Delete DE ZEEUW, TIMOTHY R 955 MLK DRIVE, SUITE E TARPON SPRINGS, FL 34689 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () Delete MIANI, JOE 955 MLK DRIVE, SUITE E TARPON SPRINGS, FL 34689 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	T () Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JOSEPH MIANI P 04/26/2007