


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000061596 1. Entity Name FEDSYS, INC	
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Principal Place of Business 14255 US HIGHWAY 1, SUITE 215 JUNO BEACH, FL 33408	Mailing Address 14255 US HIGHWAY 1, SUITE 215 JUNO BEACH, FL 33408
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01072008 No Chg-P CR2E034 (11/05)

4. FEI Number 13-4279985	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORD, RICHARD J DIR
 14255 US HIGHWAY 1, SUITE 215
 JUNO BEACH, FLORIDA, FL 33408

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR MASON, MATTHEW 14255 US HIGHWAY 1, SUITE 215 JUNO BEACH, FL 33408
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR FORD, RICHARD J 14255 US HIGHWAY 1, SUITE 215 JUNO BEACH, FL 33408
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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:  01/18/06 561-833-8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #