2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000070103

Name:

Address:

City-St-Zip:

FILED Aug 21, 2006 Secretary of State

Entity Nan	ne: SYSTEMS	2 COMMUNICATIONS, INC.					
Current Principal Place of Business:				New Principal Place of Business:			
	RESS PARK DR E, VA 24018	RIVE					
Current Mailing Address:			New Ma	New Mailing Address:			
	RESS PARK DR ., VA 24018	RIVE					
FEI Number:	20-1073072	FEI Number Applied For ()	FEI Number Not A	pplicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
BRINKLEY, W. MICHAEL 200 E. LAS OLAS BOULEVARD 1900 FORT LAUDERDALE, FL 33301 US				MCENTEE, DANIEL F CPA 2646 S.W. MAPP ROAD SUITE 203 PALM CITY, FL 34990 US			
The above in the State		ıbmits this statement for the pu	rpose of changin	g its registere	ed office or registered agent, or bo	oth,	
SIGNATURE: DANIEL F MCENTEE				08/21/2006			
	Electronic	Signature of Registered Agen	t		Date		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	DYER, STEVEN I 200 E. LAS OLAS	S BOULEVARD, #1900	Title: Name: Address: City-St-Zi _l		(X) Change () Addition EVEN M RESS PARK DRIVE , VA 24018		
Title: Name: Address: City-St-Zip:	1 ()	Delete	Title: Name: Address: City-St-Zi _l		() Change (X) Addition CHAEL E RESS PARK DRIVE , VA 24018		
Title: Name: Address: City-St-Zip:	()[Delete	Title: Name: Address: City-St-Zi _l		() Change (X) Addition DTT C RESS PARK DRIVE , VA 24018		
Title:	()	Delete	Title:	SEC	() Change (X) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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.

Name:

Address:

City-St-Zip:

SMITH, LISA E

ROANOKE, VA 24018

4204 CYPRESS PARK DRIVE

SIGNATURE: STEVEN M DYER PRES 08/21/2006