

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000074055

FILED
Apr 28, 2008
Secretary of State

Entity Name: SYSTEM EXECUTIVE INTEGRATORS, INC.

Current Principal Place of Business:

1421 VICTORIA BLVD.
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

1008 SW SASSAFRAS
FORT WHITE, FL 32038 US

Current Mailing Address:

1421 VICTORIA BLVD.
ROCKLEDGE, FL 32955 US

New Mailing Address:

1008 SW SASSAFRAS
FORT WHITE, FL 32038 US

FEI Number: 20-1104330

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DAVISON, JEFFERY H
1421 VICTORIA BLVD.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

DAVISON, JEFFERY H
1008 SW SASSAFRAS
FT. WHITE, FL 32038 US

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.

SIGNATURE: JEFFERY HAL DAVISON

04/28/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DAVISON, JEFFERY H
Address: 1421 VICTORIA BLVD
City-St-Zip: ROCKLEDGE, FL 32955

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DAVISON, JEFFERY H
Address: 1008 SW SASSAFRAS
City-St-Zip: FORT WHITE, FL 32038 US

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.

SIGNATURE: JEFFERY HAL DAVISON

PRES

04/28/2008

Electronic Signature of Signing Officer or Director

Date