2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
05 JUL -5 AM 11: 42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03-14-05 90101D14 $150.00
06302005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000107317

1. Entity Name
CMS SYSTEMS, INC.

Principal Place of Business	Mailing Address
3109 W. HORATIO STREET SUITE 28 TAMPA, FL 33609	3109 W. HORATIO STREET SUITE 28 TAMPA, FL 33609

2. Principal Place of Business	3. Mailing Address
3159 Toscana Circle	3159 Toscana Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL.	City & State: Tampa FL.
Zip: 33611 ~~33609~~ Country:	Zip: 33611 Country:

4. FEI Number: 753161378 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent

BENOIT, SEAN
3109 W. HORATIO STREET
SUITE 28
TAMPA, FL 33609

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 6-30-05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $550.00
Due by September 7, 2005

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	TITLE	☐ Change ☐ Addition
NAME	BENOIT, SEAN	NAME	
STREET ADDRESS	3109 W. HORATIO STREET SUITE 28	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33609	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
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TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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NAME		NAME	
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CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

JB 7/12

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 06-30-05 813-781-9137
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

This Letter is a request to inform you that I never recieved the correspondence on March 22nd 2005 letting me know that my annual Report was not filed, But my $150.00 check that I sent you was Posted. Here is another annual Report to file, please waive the reinstatement fee. I also have changed the mailing address + Principle place of Business address. For future use.

Thank You
Sincerely
Sean Benoit
President, CMS System