
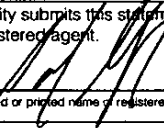
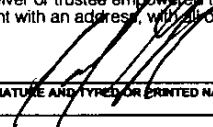


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90030 018 ***150.00

DOCUMENT # P04000171537					
1. Entity Name PRODUCTIVITY SYSTEMS, INC.					
Principal Place of Business 773 SPRING OAK DR. MELBOURNE, FL 32901			Mailing Address 773 SPRING OAK DR. MELBOURNE, FL 32901		
2. Principal Place of Business 1155 Rebecca Dr Suite, Apt. #, etc.		3. Mailing Address 1155 Rebecca Dr Suite, Apt. #, etc.		01302006 Chg-P CR2E034 (11/05)	
City & State Merritt Island FL		City & State Merritt Island FL		4. FEI Number 20-2058489 Applied For Not Applicable	
Zip 32952 Country		Zip 32952 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GUTIERREZ, SAUL 773 SPRING OAK DR. MELBOURNE, FL 32901			7. Name and Address of New Registered Agent Name: Gutierrez Saul Street Address (P.O. Box Number is Not Acceptable): 1155 Rebecca Dr. City: Merritt Island FL Zip Code: 32952		
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: 1/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, SAUL 773 SPRING OAK DR. MELBOURNE, FL 32901	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gutierrez, SAUL 1155 Rebecca Dr. Merritt Island FL 32952
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: 			1/30/06 3219171813 Date Daytime Phone #		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					