2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049021

Entity Name: WASHSYSTEMS, INC.

FILED Apr 27, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6273 POWERS AVENUE 4533 SUNBEAM ROAD

JACKSONVILLE, FL 32217 #103

JACKSONVILLE, FL 32257

Current Mailing Address: New Mailing Address:

6273 POWERS AVENUE 4533 SUNBEAM ROAD JACKSONVILLE, FL 32217

#103

JACKSONVILLE, FL 32257

FEI Number: 20-2619885 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

AKEL, DANIEL D HARVEY, TROY D ONE INDEPENDENT DRIVE, SUITE 2301 4533 SUNBEAM ROAD

JACKSONVILLE, FL 32202 #103

JACKSONVILLE, FL 32257 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: TROY D HARVEY 04/27/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

HARVEY, TROY D HARVEY, TROY D Name: Name: 6273 POWERS AVENUE 4533 SUNBEAM ROAD #103 Address: Address: City-St-Zip: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32257

Title: (X) Change () Addition Title: () Delete

Name: HATCH, LESLIE A Name: HATCH, LESLIE A

6273 POWERS AVENUE 4533 SUNBEAM ROAD #103 Address: Address: JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32257 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition

SAKOVICH, ANGELE G SAKOVICH, ANGELE G Name: Name: 6273 POWERS AVENUE 4533 SUNBEAM ROAD #103 Address: Address: JACKSONVILLE, FL 32217 City-St-Zip: JACKSONVILLE, FL 32257 City-St-Zip:

Title: () Delete Title: (X) Change () Addition

SEDDIG, GENA SEDDIG, GENA Name: Name:

Address: 6273 POWERS AVENUE Address: 4533 SUNBEAM ROAD #103 City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32217 JACKSONVILLE, FL 32257

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.

SIGNATURE: LESLIE HATCH D 04/27/2006