## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000053716

Entity Name: PRAXSYS TECHNOLOGIES INC.

FILED Feb 06, 2007 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
300 SCARLET BLVD. SUITE C OLDSMAR, FL 34677				2444 ENTERPRISE ROAD # 2308 CLEARWATER, FL 33763			
Current Mailing Address:				New Mailing Address:			
300 SCARLET BLVD. SUITE C OLDSMAR, FL 34677				2444 ENTERPRISE ROAD # 2308 CLEARWATER, FL 33763			
FEI Number:	20-2654665	FEI Number Applied For ( )	FEI Nun	nber Not Appl	licable ( )	Certificate of Status Des	sired ( )
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
VOLMUTH, WILLIAM A 300 SCARLET BLVD. SUITE C OLDSMAR, FL 34677 US				VOLMUTH, WILLIAM A 2444 ENTERPRISE ROAD # 2308 CLEARWATER, FL 33763 US			
The above in the State	named entity of Florida.	y submits this statement for the pu	urpose o	f changing i	ts registered o	ffice or registered ager	nt, or both,
SIGNATURE:				02/06/2007			
Electronic Signature of Registered Agent				Date			
Election Cam	paign Financi	ng Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	VOLMUTH, W 300 SCARLE OLDSMAR, F	T BLVD, SUITE C L 34677 US		Title: Name: Address: City-St-Zip:	VOLMUTH, WIL 2444 ENTERPR CLEARWATER,	RISE ROAD FL 33763 US	
Title: Name: Address: City-St-Zip:	THOMPSON,	T BLVD, SUITE C		Title: Name: Address: City-St-Zip:	( )	Change ( ) Addition	
Title: Name: Address: City-St-Zip:	HAHN, DAVID	T BLVD, SUITE C		Title: Name: Address: City-St-Zip:	()	Change ( ) 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.

SIGNATURE: WILLIAM VOLMUTH D 02/06/2007