2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000128179

Entity Name: WESTERN SYSTEM INTERNATIONAL, INC.

FILED Jan 17, 2006 Secretary of State

The state of the s						
Current Principal Place of Business:				New Principal Place of Business:		
6076 OKEECHOBEE BLVD STE 52 WEST PALM BEACH, FL 33441				2181 N STATE ROAD 7 MARGATE, FL 33063		
Current Mailing Address:				New Mailing Address:		
6076 OKEECHOBEE BLVD STE 52 WEST PALM BEACH, FL 33441				2181 N STATE ROAD 7 MARGATE, FL 33063		
FEI Number:	20-3532136	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
PETGRAVE, ANTHONY 6076 OKEECHOBEE BLVD STE 52 WEST PALM BEACH, FL 33441 US				PETGRAVE, ANTHONY S 8310 SAND POINT BLVD L308 TAMARAC, FL 33321 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: ANTHONY PETGRAVE				01/17/2006		
Electronic Signature of Registered Agent				Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PETGRAVE, ANT	BEE BLVD STE 52		Title: Name: Address: City-St-Zip:	PETGRAVE, AN	INT BLVD, #L308
Title: Name: Address: City-St-Zip:	CHUE-PETGRAV	BEE BLVD STE 52		Title: Name: Address: City-St-Zip:	CHUE-PETGRA	DINT BLVD , #L308
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () KIRTH, PETGR 6 OSCAR TER MONTEGO BAY	R
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () MICHEAL, PET 6 OSCAR TERMONTEGO BAY	₹
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip:	DIR () KAREEN, PETO 6 OSCAR TERI MONTEGO BAY	र

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: ANTHONY PETGRAVE PRS 01/17/2006