2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000014052

FILED Apr 02, 2007 8:00 am Secretary of State 04-02-2007 90071 036 ***150.00

1. Entity Nam NATIONA		YSTEMS, INC.								
Principal Place of Business 16970-3 SAN CARLOS BLVD., STE. 191 FT. MYERS, FL. 33908			Mailing Address 16970-3 SAN CARLOS BLVD., STE. 191 FT. MYERS, FL 33908		20008139					
Principal Place of Business - No P.O. Box #			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03292007	Chg-P	CR2E	34 (12/06)	
City & State			City & State			4. FEI Numb			-	plied For t Applicable
Zip			Zip Coun		ntry		of Status Desired		\$8.75 Add Fee Required	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
IRWIN, JO	ΣE				Name					<u> </u>
16970-3 SAN CARLOS BLVD., STE. 191 FT. MYERS, FL 33908					Street Address	(P.O. Box Numb	per is Not Acceptable	9)		
					City			FL	Zip Code	9
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	tions of registered		ne burbose or changing its	s i e Ĉiistei	ed Outce Or regist	егео адеги, от ос	Ali, il) the State Of Fr	oriua. Fam	IOITHIIGI WILLI,	and accept
SIGNATURE.	Signature, typed or prin	ned name of registered agent and	title if applicable (NO)	E: Registere	d Agent signature requir	ad when rematating)		DATE		
	E NOW!!! FE ay 1, 2007 Fe	E !S \$150.00 ee will be \$550.00	9. Election Campa Trust Fund Con			5.00 May Be ided to Feea				
10.		OFFICERS AND DI	RECTORS	11.		ADDITIONS	CHANGES TO OFF	ICERS AN	DIRECTORS	S IN 11
THLE	P		☐ Delete	TITL	E				Change	Addition
NAME IRWIN, JOE				NAN	- 1					
SIREET ADDRESS 16970-3 SAN CARLOS BLVD., S CITY-ST-ZIP FT. MYERS, FL 33908			<u>=. 191</u>		EET ADDRESS (-ST-ZIP					
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STREET AODRESS CITY-ST-ZIP TITLE				NAM STRI CITA THTL NAM STR	AE EET AODRESS 1-ST-ZIP -		* • •			. 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 cettly that the information 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-29-01

83-248-0850

Daytme Phone #