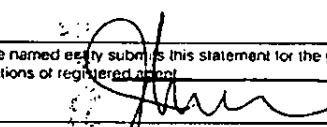
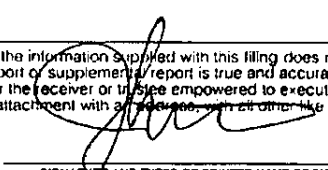


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

01-18-2007 90114 025 ***150.00

DOCUMENT # P06000035208			
1. Entity Name PEGASUS MANAGEMENT SYSTEMS, INC.			
Principal Place of Business 774 HERITAGE DRIVE WESTON, FL 33326 US		Mailing Address 774 HERITAGE DRIVE WESTON, FL 33326 US	
2. Principal Place of Business - No P.O. Box # 16212 OPAI CREEK DR.		3. Mailing Address 16212 OPAI CREEK DR.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Weston, FL		City & State FL	
Zip 33326	Country USA	Zip 33331	Country USA
4. FEI Number 20-4579983		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RIVERA, JESUS M 774 HERITAGE DRIVE WESTON, FL 33326		7. Name and Address of New Registered Agent Name Rivera, Jesus M. Street Address (P.O. Box Number is Not Acceptable) 16212 OPAI CREEK DR. City Weston FL Zip Code 33331	
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  Jesus M. Rivera		DATE 1/12/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	RIVERA, JESUS M ☒ Delete	TITLE Rivera, Jesus M. ☐ Change ☒ Addition	
NAME	774 HERITAGE DRIVE	NAME	16212 OPAI CREEK DR.
STREET ADDRESS	WESTON, FL 33326	STREET ADDRESS	Weston, FL 33331
CITY-ST-ZIP		CITY-ST-ZIP	President
TITLE	Rivera, Lydia E. ☐ Delete	TITLE	Rivera, Lydia E. ☐ Change ☒ Addition
NAME	16212 OPAI CREEK DR.	NAME	16212 OPAI CREEK DR.
STREET ADDRESS	Weston, FL 33331	STREET ADDRESS	Weston, FL 33331
CITY-ST-ZIP		CITY-ST-ZIP	Vice President
TITLE		TITLE	Treasurer
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 a signature, with a name like empowered.			
SIGNATURE:  Jesus M. Rivera		DATE 1/12/07 954-349-0517	