

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000103347

FILED  
Jan 16, 2007  
Secretary of State

Entity Name: AGENISYS CORP

## Current Principal Place of Business:

3832 SW RUARK STREET  
PORT SAINT LUCIE, FL 34953 US

## New Principal Place of Business:

451 SW BETHANY DRIVE  
PORT SAINT LUCIE, FL 34986 US

## Current Mailing Address:

3832 SW RUARK STREET  
PORT SAINT LUCIE, FL 34953 US

## New Mailing Address:

451 SW BETHANY DRIVE  
PORT SAINT LUCIE, FL 34986 US

FEI Number: 61-1506564      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR ( ) Delete  
Name: COBB, SCOTT TY  
Address: 3832 SW RUARK STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DIR (X) Change ( ) Addition  
Name: COBB, MARIA I  
Address: 1465 SW STONY AVE  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

Title: DIR ( ) Change (X) Addition  
Name: GERLAD, BRUNO A JR.  
Address: 327 LAKE FOREST WAY  
City-St-Zip: PORT SAINT LUCIE, FL 34986

Title: CEO ( ) Change (X) Addition  
Name: GERALD, BRUNO PHD  
Address: 525 CEDAR HILL AVE  
City-St-Zip: WYCKOFF, NJ 07481

Title: CFO ( ) Change (X) Addition  
Name: ADAMETZ, MONICA  
Address: 525 CEDAR HILL AVE  
City-St-Zip: WYCKOFF, NJ 07481

Title: DIR ( ) Change (X) Addition  
Name: HARNELL, WILLIAM PHD  
Address: 327 LAKE FOREST DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34986

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: GERALD A. BRUNO, JR.

DIR

01/16/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date