

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000134078

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** SYSN, INC.

**Current Principal Place of Business:**

641 49TH STREET NORTH  
ST PETERSBURG, FL 33710

**New Principal Place of Business:**

8840 66TH CT  
PINELLAS PARK, FL 33782

**Current Mailing Address:**

641 49TH STREET NORTH  
ST PETERSBURG, FL 33710

**New Mailing Address:**

8840 66TH CT  
PINELLAS PARK, FL 33782

**FEI Number:** 20-5777411

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TENEYCK, ALICIA  
641 49TH STREET NORTH  
ST PETERSBURG, FL 33710 US

**Name and Address of New Registered Agent:**

PRIDHAM, THOMAS  
8840 66TH CT  
PINELLAS PARK, FL 33782 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: THOMAS PRIDHAM

04/30/2007

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS ( ) Change (X) Addition  
Name: PRIDHAM, THOMAS J  
Address: 5523 110TH AVE APT#305  
City-St-Zip: PINELLAS PARK, FL 33782

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS PRIDHAM

DPS

04/30/2007

Electronic Signature of Signing Officer or Director

Date