

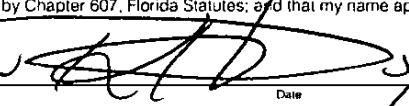


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 09, 2008 8:00 am
Secretary of State

06-09-2008 90002 032 ***158.75

DOCUMENT # P06000148182 1. Entity Name HEIRMAN SYSTEMS, INC.					
Principal Place of Business 11159 FREEDOM WAY SEMINOLE, FL 33772			Mailing Address 11159 FREEDOM WAY SEMINOLE, FL 33772		
2. Principal Place of Business - No P.O. Box # 11159 Freedom Way <small>Suite, Apt. #, etc.</small>		3. Mailing Address 11185 64th Terr. N. <small>Suite, Apt. #, etc.</small>			
City & State Seminole, FL		City & State Seminole FL		4. FEI Number 20-8595542	
Zip 33772		Country Pinellas		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEIRMAN, KNUTE E 11159 FREEDOM WAY SEMINOLE, FL 33772				7. Name and Address of New Registered Agent Name Knute Heirman Street Address (P.O. Box Number is Not Acceptable) 11159 Freedom Way City Seminole FL Zip Code 33772	
8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Knute E Heirman  DATE 5/27/08 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)</small>					
FILE NOW!! - FEE IS \$150.00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HEIRMAN, KNUTE E 11159 FREEDOM WAY SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D IANNOTTI, MICHAEL 11185 64TH TERRACE N SEMINOLE, FL 33772	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
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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 an address, with all other like empowered.					
SIGNATURE: KNUTE E. HEIRMAN  DATE 5/27/08 Daytime Phone # (727) 638-4517 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					