

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06019					
1. Entity Name SYNDICATED OFFICE SYSTEMS, INC.					
Principal Place of Business 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US			Mailing Address 13737 NOEL ROAD STE 100 DALLAS, TX 75240 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 95-2154917	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME MOONEY, STEPHEN STREET ADDRESS 13737 NOEL ROAD CITY-ST-ZIP DALLAS, TX 75240	<input type="checkbox"/> Delete		TITLE P NAME Mooney, Stephen STREET ADDRESS 13737 Noel Rd Ste 100 CITY-ST-ZIP Dallas TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SD NAME LARSEN, CAITLIN M STREET ADDRESS 3820 STATE STREET CITY-ST-ZIP SANTA BARBARA, CA 93105	<input type="checkbox"/> Delete		TITLE SD NAME Larsen, Caitlin STREET ADDRESS 13737 Noel Rd ste 100 CITY-ST-ZIP Dallas TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AS NAME MACK, KRISTINA A STREET ADDRESS 13737 NOEL ROAD CITY-ST-ZIP DALLAS, TX 75240	<input type="checkbox"/> Delete		TITLE AS NAME Mack, Kristina A STREET ADDRESS 13737 Noel Rd Ste 100 CITY-ST-ZIP Dallas TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME DENT, DENNIS L STREET ADDRESS 3 IMPERIAL PROMENADE SUITE 1100 CITY-ST-ZIP SANTA ANA, CA 92707	<input type="checkbox"/> Delete		TITLE T NAME Sherman, Jeffrey S STREET ADDRESS 13737 Noel Rd Ste 100 CITY-ST-ZIP Dallas TX 75240	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE AT NAME VALDOVINOS, GREGORY I STREET ADDRESS 3 IMPERIAL PROMINADE, #1100 CITY-ST-ZIP SANTA ANA, CA	<input type="checkbox"/> Delete		300068544233 03/23/06--01052--002 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: <i>Caitlin Larsen</i>			Caitlin Larsen 2/21/06 469-893-2701		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
 06 MAR 17 PM 3:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



02212006 Chg-P CR2E034 (11/05) *Ne*