

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23369

FILED
Jan 11, 2007
Secretary of State

Entity Name: BUSINESS REVENUE SYSTEMS, INC.

Current Principal Place of Business:

2417 SPY RUN AVENUE
SUITE A
FT. WAYNE, IN 46805 US

New Principal Place of Business:

Current Mailing Address:

4367 155TH AVENUE
BURLINGTON, IA 52601 US

New Mailing Address:

FEI Number: 35-1554423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: PD () Delete
Name: MAGNUSON, DANA P
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: VPD () Delete
Name: WILBUR, JAMES M
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: STD () Delete
Name: HUPPENBAUER, LINDA M
Address: 4367 155TH AVENUE
City-St-Zip: BURLINGTON, IA 52601

Title: D () Delete
Name: FANDEL, DALE F
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: D () Delete
Name: SMITH, JAMIE L
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: D () Delete
Name: OWEN, LON E
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: MAGNUSON, DANA P
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: PD (X) Change () Addition
Name: WILBUR, JAMES M
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: FANDEL, DALE F
Address: 2417 SPY RUN AVENUE, SUITE A
City-St-Zip: FORT WAYNE, IN 46805

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA M. HUPPENBAUER

STD

01/11/2007

Electronic Signature of Signing Officer or Director

Date