## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P23369

Entity Name: BUSINESS REVENUE SYSTEMS, INC.

FILED Jan 07, 2008 Secretary of State

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Current Principal Place of Business:				New Principal Place of Business:		
2417 SPY RUN AVENUE SUITE A			2419 SPY RUN AVENUE SUITE A			
FT. WAYNE, IN 46805 US			FT. WAYNE, IN 46805 US			
Current Mailing Address:				New Mailing Address:		
4367 155TH BURLINGT	H AVENUE ON, IA 52601	US				
FEI Number: 35-1554423 FEI Number Applied For ( ) FEI Nu			mber Not Applicable ( ) Certificate of Status Desired ( )			
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	lew Registered Agent:
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK I FL 33331 US	DRIVE				
The above in the State		ubmits this statement for the pu	rpose o	of changing it	ts registered c	ffice or registered agent, or both,
SIGNATUR	RE:					
	Electroni	c Signature of Registered Agen	it			Date
Election Carr	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	MAGNUSON, DA	AVENUE, SUITE A		Title: Name: Address: City-St-Zip:	MAGNUSON, D	AVENUE, SUITE A
Title: Name: Address: City-St-Zip:	WILBUR, JAMES	AVENUE, SUITE A		Title: Name: Address: City-St-Zip:	WILBUR, JAME	AVENUE, SUITE A
Title: Name: Address: City-St-Zip:	STD () HUPPENBAUER 4367 155TH AVE BURLINGTON, IA	ENUE		Title: Name: Address: City-St-Zip:		) Change ()Addition
Title: Name: Address: City-St-Zip:	FANDEL, DALÉ	AVENUE, SUITE A		Title: Name: Address: City-St-Zip:	FANDEL, DALE	AVENUE, SUITE A
Title: Name: Address: City-St-Zip:	SMITH, JAMIE L	AVENUE, SUITE A		Title: Name: Address: City-St-Zip:	SMITH, JAMIÈ	AVENUE, SUITE A
Title: Name: Address: City-St-Zip:	OWEN, LON E	Delete AVENUE, SUITE A N 46805		Title: Name: Address: City-St-Zip:	OWEN, LON E	) Change ()Addition I AVENUE, SUITE A IN 46805

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: LINDA M HUPPENBAUER ST 01/07/2008