## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000011447

Entity Name: TECHNOLOGY SYSTEMS CORPORATION

FILED Mar 18, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
7897 JACK JAMES DR SUITE A STUART, FL 34997 US				8502 SW KANSAS AVENUE STUART, FL 34997 US		
Current Mailing Address:				New Mailing Address:		
P.O. BOX PALM CIT	1096 Y, FL 34991	US				
FEI Number:	65-0384267	FEI Number Applied For()	FEI Num	nber Not Appl	cable ( ) Cert	ificate of Status Desired()
Name and	Address of C	Current Registered Agent:		Name and	Address of New I	Registered Agent:
	BESSEY CRE	EEK TRAIL US				
	named entity of Florida.	submits this statement for the pu	urpose of	f changing it	s registered office	or registered agent, or both,
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	nt			Date
Election Car	npaign Financin	g Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	WHITE, DANIE	SSEY CREEK TRAIL		Title: Name: Address: City-St-Zip:	()Char	ge ( ) Addition
Title: Name: Address: City-St-Zip:	BYOUS, JAME	ELIA TERRACE		Title: Name: Address: City-St-Zip:	()Char	ge ( ) Addition
Title: Name: Address: City-St-Zip:	D ( PETERSON, K 654 SW FUGE STUART, FL			Title: Name: Address: City-St-Zip:	()Char	ge ( ) Addition
Title: Name: Address: City-St-Zip:	D ( STEVENS, ROI 32801 HIGHW/ OKEECHOBEE	BERT NY 441 NORTH, #191		Title: Name: Address: City-St-Zip:	D (X) Char STEVENS, SUE 32801 HIGHWAY 44 OKEECHOBEE, FL	*
Title: Name: Address: City-St-Zip:	D ( GETTLESON, I 456 OCEAN RI JUNO BEACH,	DGE WAY		Title: Name: Address: City-St-Zip:	()Char	ge ( ) Addition
Title: Name: Address: City-St-Zip:	D ( AYER, FRED 149 RIVER DR TEQUESTA, FL			Title: Name: Address: City-St-Zip:	()Char	ge ( ) Addition

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.