FILED Apr 24, 2006 8:00 am Secretary of State 04-24-2006 90404 039 ***150.00

2006 FOR PROFIT CORPORATION

ANNUAL REPORT				04-24-2006 90404 039 *** 130.00
DOCUMENT # P93000014830 1. Entity Name THE PAR SYSTEMS GROUP, INC.				40058736
Principal Place of Business 15007 SE 225 DR. HAWTHORNE, FL 32640 US Mailing Address P.O. BOX 1412 HAWTHORNE, FL 32640			o us	
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02122006 Chg-P CR2E034 (11/05)
City & State		City & State		4. FEI Number Applied For 59-3167236 Not Applicable
Žip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required
· · · · ·	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
RUSSELL, WALLACE F 15007 SE 225 DRIVE HAWTHORNE, FL 32640				ddress (P.O. Box Number is Not Acceptable)
	٠,		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				
FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees				
10.	OFFICERS AND	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TIFLE NAME STREET ADDRESS CITY-ST-ZIP	PST RUSSELL, WALLACE F 15007 SE 225 DRIVE HAWTHORNE, FL 32640	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL, WALLACE F II 1207 SATURN AVE NORTH CLEARWATER, FL 33755	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	759 FAIRWOOD LANE CLEARWATER FL 33759
TITLE NAME STREET ADDRESS CITY-ST-ZEP	D RUSSELL, LINDA A 15007 SE 225 DRIVE HAWTHORNE, FL 32640	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITUE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report or funding expenses in since 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 of the corporation or the receiver of the corporation of the receiver of the re				

ICER OR DIRECTOR