


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90282 043 ***150.00

DOCUMENT # P93000020449

1. Entity Name
EXECUSYS, INC.



Principal Place of Business
**6767 N WICKHAM RD
 SUITE 208
 MELBOURNE, FL 32940 US**

Mailing Address
**6767 N WICKHAM RD
 SUITE 208
 MELBOURNE, FL 32940 US**

2. Principal Place of Business
 Suite, Apt. #, etc.


3. Mailing Address
 Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country



03312005 Chg-P CR2E034 (10/03)

4. FEI Number
59-3173232

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**THOMAS, JAMES A
 355 MILANO LANE #206
 MELBOURNE, FL 32940**

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	OP	<input type="checkbox"/> Delete
NAME	THOMAS, JAMES A	
STREET ADDRESS	355 MILANO LANE #206	
CITY-ST-ZIP	MELBOURNE, FL 32940	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Horalsen, Eddie C	
STREET ADDRESS	P.O. Box 56752	
CITY-ST-ZIP	Rockledge, FL 32940	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Grimes, Kevin B.	
STREET ADDRESS	P.O. Box 410543	
CITY-ST-ZIP	Melbourne, FL 32941-0543	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sanders, Jeffrey	
STREET ADDRESS	1772 Ladderback Court	
CITY-ST-ZIP	Viera, FL 32955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Halka, Robin	
STREET ADDRESS	430 Third Avenue	
CITY-ST-ZIP	Indianapolis, FL 32903	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Dr. James J.	
STREET ADDRESS	102 Woodland Drive	
CITY-ST-ZIP	Morganton, NC 28655	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas, Joseph C.	
STREET ADDRESS	1660 Plantation Court	
CITY-ST-ZIP	Morganton, NC 28655	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **4/4/05** **(321) 253-0077 x 202**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #