

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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May 01, 2008 8:00 am
Secretary of State

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01232008 Chg-P CR2E034 (12/06)

DOCUMENT # P93000020449

1. Entity Name
EXECUSYS, INC.



Principal Place of Business Mailing Address

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

2. Principal Place of Business - No P.O. Box # 3. Mailing Address

6767 N. Wickham Rd **6767 N. Wickham Rd**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Suite 508 **Suite 508**

City & State City & State

Melbourne FL **Melbourne, FL**
 Zip Country Zip Country
32940 US **32940 US**

4. FEI Number Applied For

59-3173232 Not Applicable

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

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

THOMAS, JAMES A
1230 PALM GARDEN PL
MELBOURNE, FL 32940

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME THOMAS, JAMES A STREET ADDRESS 1230 PALM GARDEN PL CITY-ST-ZIP MELBOURNE, FL 32940	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE V <input type="checkbox"/> Delete	NAME HARALSON, EDDIE C STREET ADDRESS PO BOX 560752 CITY-ST-ZIP ROCKLEDGE, FL 32956	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE T <input checked="" type="checkbox"/> Delete	NAME POSTON, PATRICIA STREET ADDRESS 1680 COQUINA DR CITY-ST-ZIP MERRITT ISLAND, FL 32952	TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP VANDERWERKEN, Daniel 2355 Bayhill Dr. Ukaha FL 32940
TITLE S <input type="checkbox"/> Delete	NAME SANDERS, JEFFREY STREET ADDRESS 5124 LIMOUSIN CT CITY-ST-ZIP ROCKLEDGE, FL 32955	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input checked="" type="checkbox"/> Delete	NAME HALLAC, ROBIN STREET ADDRESS 7600 SW 165 TERR CITY-ST-ZIP MIAMI, FL 33157	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP
TITLE D <input type="checkbox"/> Delete	NAME THOMAS, DR, JAMES J STREET ADDRESS 102 WOODLAND DRIVE CITY-ST-ZIP MORGANTON, NC 28655	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Eddie C. Haralson Sr. **EDDIE C. HARALSON SR.** 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 321-253-0077