## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P93000020449

Entity Name: EXECUSYS, INC.

FILED Jan 15, 2009 Secretary of State

|   | rincipal Place o   | of Business:  | New Principal Place of I   | Business:  |
|---|--|---|--|--|
|   | /IDCHAM RD   |   | 6767 N. WICKHAM RD   |  |
| SUITE 508   | 3  |   | SUITE 508  |  |
| MELBOUR   | RNE, FL 32940  | US  | MELBOURNE, FL 32940  | US   |
| Current N   | lailing Address  | :   | New Mailing Address:   |  |
| 6767 N. W   | /IDCHAM RD   |   | 6767 N. WICKHAM RD   |  |
| SUITE 508<br>MELBOLIE   | 3<br>RNE, FL 32940   | US  | SUITE 508<br>MELBOURNE, FL 32940   | US   |
|   |  |   |  |  |
| FEI Number  | : 59-3173232   | FEI Number Applied For ( )  | FEI Number Not Applicable ( )  | Certificate of Status Desired ( )  |
| Name and  | d Address of Cu  | rrent Registered Agent:   | Name and Address of N  | ew Registered Agent:   |
| 1230 PALÍ   | JAMES A<br>M GARDEN PL<br>RNE, FL 32940  | US  |  |  |
|   | e named entity su<br>e of Florida.   | bmits this statement for the p  | urpose of changing its registered of   | fice or registered agent, or both  |
| SIGNATU   | RE:  |   |  |  |
|   | Electronic   | Signature of Registered Age   | ent  | Date   |
| Election Ca   | mpaign Financing   | Trust Fund Contribution ( ).  |  |  |
| OFFICERS AND DIRECTORS:   |  |   |  |  |
| OFFICER   | S AND DIRECT   | ORS:  | ADDITIONS/CHANGES  | TO OFFICERS AND DIRECTO  |
|   | P ()[  | Pelete  | Title: ( )   | TO OFFICERS AND DIRECTO  |
| Title:<br>Name:   | P () [<br>THOMAS, JAMES  | Delete<br>S A   | Title: ( )<br>Name:  |  |
| Title:<br>Name:<br>Address:   | P ()[  | Delete<br>S A<br>DEN PL   | Title: ( )   |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | P () E<br>THOMAS, JAMES<br>1230 PALM GAR<br>MELBOURNE, FL  | Delete<br>S A<br>DEN PL<br>. 32940  | Title: ( )<br>Name:<br>Address:<br>City-St-Zip:  | Change ( ) Addition  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:   | P () E<br>THOMAS, JAMES<br>1230 PALM GAR<br>MELBOURNE, FL  | Delete<br>5 A<br>DEN PL<br>. 32940<br>Delete  | Title: ( )<br>Name:<br>Address:<br>City-St-Zip:  |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:  | P ()ETHOMAS, JAMES 1230 PALM GAR MELBOURNE, FL   | Delete<br>5 A<br>DEN PL<br>. 32940<br>Delete  | Title: ( ) Name: Address: City-St-Zip: Title: ( )  | Change ( ) Addition  |
| OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:   | P ()ETHOMAS, JAMES 1230 PALM GAR MELBOURNE, FL   | Delete<br>S A<br>DEN PL<br>- 32940<br>Delete<br>DIE C   | Title: ( ) Name: Address: City-St-Zip: Title: ( ) Name:  | Change ( ) Addition  |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:   | P ()ETHOMAS, JAMES 1230 PALM GAR MELBOURNE, FLV ()ETHARALSON, EDEPO BOX 560752 ROCKLEDGE, FL   | Delete<br>S A<br>DEN PL<br>- 32940<br>Delete<br>DIE C   | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:   | Change ( ) Addition  |
| Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip:   | P ()ETHOMAS, JAMES 1230 PALM GAR MELBOURNE, FLV ()ETHARALSON, EDEPO BOX 560752 ROCKLEDGE, FL   | Delete 3 A DEN PL . 32940 Delete DIE C . 32956  | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name:   | Change ( ) Addition Change ( ) Addition  |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:   | P () E THOMAS, JAMES 1230 PALM GAR MELBOURNE, FL  V () E HARALSON, EDE PO BOX 560752 ROCKLEDGE, FL  T () E VANDERWRKEN 2355 BAY HILL E   | Delete S A DEN PL . 32940 Delete DIE C . 32956 Delete , DANIEL JR.  | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address:  | Change ( ) Addition Change ( ) Addition  |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: Address: Address:   | P () E THOMAS, JAMES 1230 PALM GAR MELBOURNE, FL  V () E HARALSON, EDE PO BOX 560752 ROCKLEDGE, FL  T () E VANDERWRKEN   | Delete S A DEN PL . 32940 Delete DIE C . 32956 Delete , DANIEL JR.  | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name:   | Change ( ) Addition Change ( ) Addition  |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:  | P () E THOMAS, JAMES 1230 PALM GAR MELBOURNE, FL V () E HARALSON, EDE PO BOX 560752 ROCKLEDGE, FL T () E VANDERWRKEN 2355 BAY HILL E VIERA, FL 32940   | Delete 3 A DEN PL 2 32940 Delete DIE C 2 32956 Delete 3 DANIEL JR. Delete   | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:   | Change ( ) Addition Change ( ) Addition  |
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| Title:<br>Name:<br>Address:<br>City-St-Zip:<br>Title:<br>Name:<br>Address:  | P () E THOMAS, JAMES 1230 PALM GAR MELBOURNE, FL V () E HARALSON, EDE PO BOX 560752 ROCKLEDGE, FL T () E VANDERWRKEN 2355 BAY HILL E VIERA, FL 32940   | Delete 3 A DEN PL . 32940 Delete DIE C . 32956 Delete , DANIEL DR. Delete REY CT  | Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Name: Address: City-St-Zip:  Title: ( ) Title: ( )  | Change ( ) Addition  Change ( ) Addition  Change ( ) Addition                      |
| Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: City-St-Zip: City-St-Zip:   | P () E THOMAS, JAMES 1230 PALM GAR MELBOURNE, FL  V () E HARALSON, EDE PO BOX 560752 ROCKLEDGE, FL  T () E VANDERWRKEN 2355 BAY HILL E VIERA, FL 32940 S () E SANDERS, JEFF 5124 LIMOUSING ROCKLEDGE, FL | Delete 3 A DEN PL 3 32940 Delete DIE C 3 32956 Delete DANIEL DR. Delete REY CT 3 32955  | Title: ( ) Name: Address: City-St-Zip:   | Change ( ) Addition  Change ( ) Addition  Change ( ) Addition  Change ( ) Addition |
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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: JAMES A THOMAS P 01/15/2009