2006 FOR PROFIT CORPORATION ANNUAL REPORT

1. Entity Name HIGHSIDE Principal Place 7041 GRAND SUITE 211 ORLANDO, FL	e of Business NATL DR . 32819 lace of Busin . 0 m pu #, etc.	US ESS TER DAIVE	Mailing Add 7041 GRA SUITE 211 ORLANDO,	ND NATL DR FL 32819 ddress om PUT & #, etc.	US OR	IVE		Chg-P	PH 4:	TE RIDA 	pplied For	
	URUUG	H, MA	WEST BORUNG H			<u> </u>	59-319	3903			lot Applicable	
Zip 01581					Country US	5. Certificate of		of Status Desired		\$8.75 Ad Fee Requin		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
DEAN MEAD SERVICES, LLC 800 N MAGNOLIA AVE SUITE 1500 ORLANDO, FL 32803						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 Signature, typed or printed name of registered agent and 56e if applicable. (NOTE: Registered Agent signature required when reinstating) DATE												
1		FEE IS \$150.00 stember 6, 2006		.00 May Be ded to Fees	In accordance corporation did							
10.		OFFICERS AND I		☐ Delete	11.		ADDITIONS.	/CHANGES TO OF	FICERS AND			
NAME STREET ADDRESS CITY-ST-ZIP	7041 GRA	, EDWARD W AND NAT'L DR STE 211 D, FL 32819	TITLE NAME STREET ADDRI CITY-ST-ZIP TITLE	ETADDRESS 1400 COMPUTER VRIVE ST-ZIP WESTBOROUGH, MA 01581								
NAME	AME POITRAS, KAY G						ME					
STREET ADDRESS 7041 GRAND NAT'L DR STE 211 CITY-ST-ZIP ORLANDO, FL 32819				STREET ADDRES CITY-ST-ZIP			1400 COMPUTER DRIVE WESTBORUUGH MA 01581					
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TIFLE NAME STREET ADDR CITY-ST-ZIP TITLE	TR Change Addition ROBERT H. CHARRON RESS 1400 COMPATER DRIVE							
NAME STREET ADDRESS CITY-ST-ZIP				Delete	NAME STREET ADDRI CITY-ST-ZIP	PAU 1400 WE	KA A.1 S COMPH ESTBORO	MINER TER DRIG UGH, N	UE 1A 015	81	JA COURTON	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			[Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP			8 0007 12/06010			□□ Addition :158.75	
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 reperties 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 of 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 addless, with all other like empowered.												
SIGNATURE: D. J. J. TUND TYPE OR PRINTED HOLE OF SIGNING OFFICER OR DIRECTOR TIVE STATUS STA												