2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000008093

Entity Name: DOWELL SYSTEMS, INC.

FILED Jan 26, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

8313 W HILLSBOROUGH AVE STE 210 TAMPA, FL 33615 US

Current Mailing Address: New Mailing Address:

P.O. BOX 21728 TAMPA, FL 336221728 US

FEI Number: 59-3219953 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DOWELL, VERN DOWELL, LINDA

8313 W HILLSBOROUGH AVE 8313 W HILLSBOROUGH AVE

STE 210 STE 210 TAMPA EL 23615 LIS TAMPA EL 23615 LIS

TAMPA, FL 33615 US TAMPA, FL 33615 US

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.

SIGNATURE: LINDA DOWELL 01/26/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Name: Address:

City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: DOWELL, VERN Name: DOWELL, LINDA

Address: 8313 W HILLSBOROUGH AVE Address: 8313 W HILLSBOROUGH AVE

City-St-Zip: TAMPA, FL 33615 City-St-Zip: TAMPA, FL 33615

Name: DOWELL, LINDA Name: DOWELL, DOUG

 Address:
 8313 W HILLSBOROUGH AVE
 Address:
 8313 W HILLSBOROUGH AVE

 City-St-Zip:
 TAMPA, FL 33615
 City-St-Zip:
 TAMPA, FL 33615

Ony of 21p. 17441174, 12 3301

Title: D () Delete Title: D (X) Change () Addition Name: DOWELL DOUG Name: SMITH. FRED

 Name:
 DOWELL, DOUG
 Name:
 SMITH, FRED

 Address:
 13459 E ESTRELLA AVENUE
 Address:
 109 CARMELINA ST

 City-St-Zip:
 SCOTTSDALE, AZ 85259
 City-St-Zip:
 RUSKIN, FL 33570

Title: D (X) Delete Title: () Change () Addition Name: SMITH, FRED Name:

SMITH, FRED Name: 2615 S. WESTSHORE BLVD. Address: TAMPA, FL 33629 City-St-Zip:

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: LINDA C. DOWELL PRES 01/26/2009