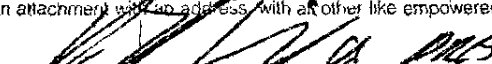


2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000093442					
1. Entity Name SYSTEMS HARDWARE ASSISTANCE GROUP, INC.					
Principal Place of Business 2260 WHITFIELD PARK DRIVE, SUITE J-19 SARASOTA FL 34243			Mailing Address 4803 34TH ST W BRADENTON FL 34210		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0542277	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				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		
RICHEY, ROBERT H SR 4803 34TH ST W BRADENTON FL 34210			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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, 2006 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Added to Fee	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	☐ Delete	TITLE	02/02/06-80070-016 150.00	
NAME	GMEINDER, KAROLEE A		NAME		
STREET ADDRESS	6916 COHESTOGH FL		STREET ADDRESS		
CITY-ST-ZIP	UNIVERSITY PARK FL 34201		CITY-ST-ZIP		
TITLE	PTD	☐ Delete	TITLE	☐ Change ☐ Add	
NAME	RICHEY, ROBERT H SR		NAME		
STREET ADDRESS	4803 34TH ST W		STREET ADDRESS		
CITY-ST-ZIP	BRADENTON FL 34210		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Add	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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, charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **1-23-06**